V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 18 1945

State File No. 32420

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 8735

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Homer G Phillips (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 25 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2628 Dickerson (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Willie STEWART

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race Negro

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Nellie

6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased APRIL 20 (Month) (Day) (Year)

8. AGE — Years 54 — Months — Days — If less than one day hr. min.

9. Birthplace Lake Providence La (City, town, or county) (State or foreign country)

10. Usual occupation Laber

11. Industry or business

FATHER 12. Name Chas Stewart

13. Birthplace Va (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Julia Black

15. Birthplace Miss (City, town, or county) (State or foreign country)

16. (a) Informant Nellie Stewart

(b) Address 2628 a Dickerson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 11-45 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J Watson

(b) Address 2769 Shenandoah

19. (a) OCT 9 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5th year 1945 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hemorrhage of Brain; Abscess of Brain; Hypostatic Pneumonia; when the deceased — Duration

Due to stuck one Charles Crews with a pitch fork and Crews threw an iron

Due to casting at the deceased, at the Semi-Steel Casting Co., 1009 East Quincy St., around 10:20 P.M.

Other conditions (Include pregnancy within 3 months of death) August 29th, 1945.

Major findings: Of operations

Of autopsy 168

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Justifiable Homicide

(b) Date of occurrence Aug. 29, 1945

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Industrial Place (Specify type of place)

While at work? (e) Means of injury

23. Signature Patrick E Taylor Dep Cor (M.D. or other)

Address 1300 Clark Date signed 10-9-45

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.