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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7173

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 281

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 6229 Derby Ave.,
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 6229 Derby Ave.,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Chiles F. Stewart.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Stewart

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April 9, 1865.
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 26 If less than one day hr. min.

9. Birthplace Howell, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name James F. Stewart
13. Birthplace Howell, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Morris
15. Birthplace Howell, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Stewart
(b) Address 6229 Derby Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6/46.
(Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) 2-5-46 (Date received local registrar) (b) E. B. McDonough M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1946 hour 1.30 minute A.M. M.

21. I hereby certify that I attended the deceased from 1934, 19..., to 2/4, 1946, that I last saw him alive on 2/3/, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Renal failure, 13 hrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

Duration

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature Lucie Pilly (M. D. or other)
Address 1625 Bartmer Date signed 2/4/46

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. P.J.Reilly
6125 Bartmer
Ca 5187.

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.