S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

#8815

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7976

State File No. 1463

FILED FEB 20 1946

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town ST. LOUIS 2617
(If outside city or town limits, write "RURAL")

(d) Street No. 2516 North 9th Str 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME RICHARD STEWART

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced M SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased JULY (Month) 20 (Day) 1912 (Year)

8. AGE: Years 33 Months 6 Days 21 If less than one day hr. min.

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

10. Usual occupation SHEET METAL WORKER

11. Industry or business

FATHER
12. Name CHARLES STEWART
13. Birthplace OHIO (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name MARY BITTICH
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant MARY STEWART.
(b) Address 2516 NORTH 9th Str

17. (a) FRIEDENS CEM (Burial, cremation, or removal) (b) Date thereof 2-14-46 (Month) (Day) (Year)
(c) Place: burial or cremation FRIEDENS CEM.

18. (a) Signature of funeral director H. LEIDNER U. Co.
(b) Address 2223 ST. LOUIS AVE.

19. (a) FEB 13 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11th
year 1946 hour 3:25 minute P M.

21. I hereby certify that I attended the deceased from 2/8/46
, 19, to 2/11/46;
that I last saw him alive on 2/11/46, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Peritonitis	
Due to Rupture of Ulcer of Transverse Colon.	
Due to Ulcerative Colitis of unknown Etiology	1
Other conditions Pulmonary Tuberculosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 13
Of autopsy Same

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 0

23. Signature 1515 Lafayette (Date signed 2/11/46)
Address Cyril J. Costello, MD Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 John P. Buckholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis a

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.