S. No. 2
M—2-43
. 5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11698

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2453

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: ~~None~~ 2343a Chestnut
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community About 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County None 000 17

(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 2343a Chestnut St.,
(If rural, give location)

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

If yes, name country None

3. (a) PRINT FULL NAME James Stewart

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Colored

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

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

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Dec. (Month) 6, (Day) 1857 (Year)

8. AGE: Years 88 Months 3 Days 2 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant James Stewart
(b) Address 3303 E Market

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-46 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director C. T. Nash
(b) Address 3847 Page Boul.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8, year 1946 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb. 17, 1946 to March 8, 1946 that I last saw him alive on March 7, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Bronchitis	26 days
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

106

Major findings:
Of operations
Of autopsy

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 J. S. Jaques (M. D. or other)
Address 3012a S. Jefferson Date signed 3/13/46

(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 James A. Wyatt, Registered Apprentice No. 393, working under my personal supervision.

Signed O. J. Hood

Licensed Embalmer No. 2432

P. O. Address 3841 Jager

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.