

Registration District No. **6076**

Primary Registration District No. **6076**

Registrar's No. **1071**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Jefferson Barracks**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Veterans Administration Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Since 9/1/45**
(Specify whether
In this community **50 Years**
years, months or days)

3. (a) PRINT FULL NAME **STEWART, Benjamin**

3. (b) If veteran; name was **Spanish American** 3. (c) Social Security No. **None**

4. Sex **Male** 2 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Single** 7

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **1871** years

7. Birth date of deceased **February** (Month) **10** (Day) **1871** (Year)

8. AGE: Years **75** Months **2** Days **5** If less than one day
hr. min.

9. Birthplace **St. Charles, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Teamster**

11. Industry or business

MOTHER FATHER { 12. Name **Henry Stewart**
13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Sophia Oglesby**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clinical Clerk, Vet. Adm. Hosp.**

(b) Address **Jefferson Barracks, Missouri**

17. (a) **Burial** (b) Date thereof **May 18/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jefferson Barracks**

18. (a) Signature of funeral director **Russell Und. Co.**

(b) Address **St. Louis, Mo.**

19. (a) **5-18-46** (b) **W. E. McEwan**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** 000
(c) City or town **St. Louis** 17
(If outside city or town limits, write "RURAL")
(d) Street No. **4478 West Belle Place** 9
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No) 1
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **16**
year **1946** hour **7:00** minute **P** M.

21. I hereby certify that I attended the deceased from **9/1/45** 19, to **5/15/46** 19;
that I last saw him alive on **May** 15 19, 46
and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY OCCLUSION**

Duration **UNK**

Due to **94**

Due to

Other conditions **CEREBRAL ARTERIOSCLEROSIS**
(Include pregnancy within 3 months of death)
WITH HEMIPLEGIA; ARTERIOSCLEROTIC
Major findings: **HEART DISEASE** No Operation

PHYSICIAN

Of autopsy **No Autopsy**

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) **No**
(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?

While at work **L. E. McEwan** (Specify type of place) (Specify means of injury)

23. Signature **L. E. McEwan, M.D.** (M. D. or other)
Address **Vet. Adm. Hosp. Jeff. Brks., Mo.** Date signed **5/15/46**

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

Jack Russell

Licensed Embalmer No. *4112*

P. O. Address *St. Louis Mo*

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.