

No. 2  
12-45  
-17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34854  
State File No. \_\_\_\_\_  
Registrar's No. 3193

FILED NOV 4 1946  
Registration District No. 37

Primary Registration District No. 6076

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

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 8-26-46  
(Specify whether years, months or days)

In this community unknown

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 3424 Delmar Blvd.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME STEWART, Tom (NMI)

3. (b) If veteran, name war World War I

3. (c) Social Security No. unknown

4. Sex male 2 | 5. Color or race negro

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased October ? 1901  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>45</u>	<u>0</u>	<u>?</u>	hr. min.
-----------	----------	----------	----------

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

10. Usual occupation Laborer

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Registrar, Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3, 1946.  
(Month) (Day) (Year)

(c) Place: burial or cremation Ethelsville, Ala.

18. (a) Signature of funeral director Wright Funeral Home

(b) Address 3100 Easton, St. Louis, Missouri

19. (a) 10-30-46 (Date received local registrar) (b) Ruth J. Allen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28  
year 1946 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from August 26, 1946, to October 28, 1946  
that I last saw him alive on October 28, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL THROMBOSIS WITH RIGHT HEMIPLEGIA

Duration UNK

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions ARTERIOSCLEROSIS, CEREBRAL UNK  
(Include pregnancy within 3 months of death)

Major findings: No Operation

Of operations \_\_\_\_\_

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:

(c) 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? no (Specify type of place)

23. Signature L. E. Stilwell, M.D. (M. D. or other) no  
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 10-28-46

10/28

**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 *Arthur D. Hilliard*

Licensed Embalmer No. *4221*

P. O. Address *1154 Bayard*

**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.**