

No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3167

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1124**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4142 N. Euclid Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 617
(If outside city or town limits, write "RURAL")
(d) Street No. 4142 N. Euclid Ave 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Ellen Stewart
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1
year 1947 hour 6 minute 40 A. M.

21. I hereby certify that I attended the deceased from Jan. 17 to Feb. 1, 1947;
that I last saw her alive on January 31, 1947;
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 7
6. (b) Name of husband or wife (STEWART) Late Michael John Srewart (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 11 1886
(Month) (Day) (Year)

Immediate cause of death Uremia Duration 2 days

8. AGE: Years 80 Months 7 Days 20 If less than one day _____ hr. _____ min.

Due to Cardio-renal Disease

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

MOTHER FATHER

10. Usual occupation Housewife
11. Industry or business _____
12. Name John Wesley Nichols /
13. Birthplace Lexington Ky. (City, town, or county) (State or foreign country)
14. Maiden name Mary Ward
15. Birthplace Unknown (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Joseph L. Srewart (STEWART)
(b) Address 4211 W. Farlin Ave
17. (a) Burial (b) Date thereof Feb. 4 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Lebanon Cem

22. If death was due to external causes, fill in the following:
(c) 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? _____

18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat. Bridge Blvd
19. (a) FEB 3 1947 (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Arthur Emerson (M. D. or other) M.D.
Address 2202 University Date signed 2/1/47

2222
1775
Ca 3995

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 Ralph C. Linder
Licensed Embalmer No. 4225
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.