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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15680

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 946

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: 5980 Wabada Ave., (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5980 Wabada Ave., (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles C. Stewart
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nettie Stewart
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 24, 1870. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	9	20	hr. min.

9. Birthplace Troy, Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Retired Contractor
11. Industry or business
FATHER 12. Name Allen Stewart
13. Birthplace Indiana (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Martha Roderick
15. Birthplace Indiana (City, town, or county) (State or foreign country)
16. (a) Informant Robert Stone
(b) Address 5980 Wabada Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem.,
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,
19. (a) APR 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 year 1947 hour 10: minute 30 p. M.
21. I hereby certify that I attended the deceased from May, 1946 to April 14, 1947, that I last saw him alive on April 14, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cirrhosis of Liver (Alcoholic) ?
Due to
Due to
Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

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 Wm. K. Weber (M. D. or other) MD
Address 1506 Hodiamont Date signed 4/15/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wm.K. Weber
1506 Hodiamont Ave.,
MU. 9190.

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 Alfred F. Bedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.