

FILED MAY 1 1947 318

Registration District No. Primary Registration District No. 1003 Registrar's No. 4061

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:
2717 McNair Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
3 weeks (Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME EMMA JEAN STEWART
3. (b) If veteran, name war nil 3. (c) Social Security No. none

4. Sex F / race W 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Lee 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased August 16, 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 8 2 hr. min.

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

10. Usual occupation house-wife
11. Industry or business at home

MOTHER FATHER { 12. Name Claude C. Chronister
13. Birthplace Lamar, Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Karnes
15. Birthplace Dover, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Stewart
(b) Address Portageville, Missouri
17. (a) Removal (b) Date thereof 4-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Portageville, Missouri

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Avenue
19. (a) APR 19 1947 (b) J. F. Medeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No. R R #1
(If rural, give location) N.R.
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1947 hour 10:10 minute 2 M.
21. I hereby certify that I attended the deceased from April 5 1947 to April 15 1947
that I last saw him alive on April 15 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Cathexis Duration short

Due to Recurrent Convulsive Tremors
Respiratory Spasm
Due to Old Atherosclerosis & Sclerotic
No pregnancy

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings: 1/24
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?
While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature Dr. Leo P. Young (M. D. or other) 1/18/47
Address 2621 S. Jefferson Date signed

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

MAY 23 1947

10064

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.....

L R Cooper

Licensed Embalmer No.....

3633

P. O. Address.....

301 Lafayette

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.