V. S. No. 2
100M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26099

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6687

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: 822 Washington 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 Texas (b) County 999
(c) City or town Dallas 41
(If outside city or town limits, write "RURAL")
(d) Street No. 305 No. Windomere Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William A. Stewart
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Winnifred
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Oct. (Month) 17th (Day) 1891 (Year)

8. AGE: Years 55 Months 8 Days 28 If less than one day hr. min.

9. Birthplace Georgia (City, town, or county) (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Paramount Shoe Co.
FATHER
12. Name William Stewart
13. Birthplace Unkown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Winnifred Bates
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Winnifred Stewart
(b) Address Dallas, Texas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation Atlanta, Ga.
18. (a) Signature of funeral director L. Mullen Und Co
(b) Address 5165 Delmar, Bl
19. (a) JUL 16 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1947 hour 6:00 minute A. M.
21. I hereby certify that I attended the deceased from July 13, 1947, to July 15, 1947 that I last saw him alive on July 15, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute myocardial failure	12 hrs
Due to: Chronic myocarditis	2 yrs.
Due to: Cardio-vascular renal disease	2 yrs.
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) no
(b) Date of occurrence none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
While at work? (e) Means of injury

23. Signature Curtis A. Meyer (M. D. or other) MD
Address 537 Frisco Bldg. Date signed 7/15/47

(Licensed Embalmer's Statement on Reverse Side)

2353

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 Ronald A Yoelanke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.