No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29557

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 8240

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Mary's Infirmary (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 5 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis 96
(c) City or town ~~St Louis~~ Webster Groves 7
(If outside city or town limits, write "RURAL") 4
(d) Street No. 211 Lythia (If rural, give location) 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ella B. Stewart
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife M. L. Stewart
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased December (Month) 12 (Day) 1894 (Year)

8. AGE: Years 53 Months 8 Days 16 If less than one day hr. min.
9. Birthplace Pembroke (City, town, or county) Ky. (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Edward Bell
13. Birthplace Pembroke (City, town, or county) Ky. (State or foreign country)
MOTHER
14. Maiden name Fannie Kimbrew
15. Birthplace Pembroke (City, town, or county) (State or foreign country)
16. (a) Informant Marcellus Stewart
(b) Address 211 Lythia Ave Webster Groves
17. (a) (Burial, cremation, or removal) (b) Date thereof 9-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson
18. (a) Signature of funeral director Susie Lewis
(b) Address 22 Euclid ave. Webster Groves
19. (a) AUG 29 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 28 year 1947 hour 9 minutes 45a M.
21. I hereby certify that I attended the deceased from 8/27 1947 to 8/28 1947 that I last saw her alive on 8/28 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetic Coma	12 hrs
Due to Diabetes	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 Ida Barnett M.D. (M. D. or other)
Address 15 N. Main Date signed 8/29
St Louis, Mo

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

OCT 13 1944

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 A. D. Richardson

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow 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.