No. 300
-10-47
-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31471

FILED OCT 1 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8304

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: 5318 Bartmer 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 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5318 Bartmer Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Catherine Stuart

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles F. Stuart

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased September 13, ~~1882~~ 1880
(Month) (Day) (Year)

8. AGE: Years 68 ~~66~~ Months 0 Days 8 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business At Home

12. Name Bernard Donnelly

13. Birthplace (City, town, or county) Ireland (State or foreign country)

14. Maiden name Margaret Burke

15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Charles F. Stuart Sr.,

(b) Address 5318 Bartmer Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 24, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1225 Union Blvd.

19. (a) SEP 22 1948 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 21 year 1948 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Aug. 1, 1942 to Sept 21, 1948 that I last saw her alive on Sept 20, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	2 yrs
Due to Hypertension - Arteriosclerosis	6 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No
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 Dr. Wm J Langois Jr (M. D. or other)

Address 5803 Plymouth Av Date signed Sept 22/48

(Licensed Embalmer's Statement on Reverse Side)

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 Guy W Wilkinson

Licensed Embalmer No. 3575

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of St. Louis }

State File No. 31471-48

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 8304

On this 9th day of October, 1948, before me appears Mr. Charles Stuart, who, upon his oath, states that the original record of death for Catherine Stuart died Sept. 21, 1948, 19..., in the State of Missouri, and which was filed at St. Louis, Mo. on Sept. 22, 1948, 19..., should be corrected as follows:

Item No. 7 should read Sept. 13, 1880

Instead of Sept. 13, 1882

Item No. 8 should read 68yrs. 0mos. 8days

Instead of 66yrs. 0mos. 8days

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Charles F. Stuart Husband
Relationship.

5318 Bartmer
Present Address.

Subscribed and sworn to before me this 9 day of Oct, 1948.

My Commission expires 3-4-49 Earl Goldock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M—8-43
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