

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17735

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4430

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 15 days		d. STREET ADDRESS (If rural, give location) 5318 Bartmer Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital.			

3. NAME OF DECEASED (Type or Print) BERNARD A. J. STUART			4. DATE OF DEATH (Month) (Day) (Year) May 17 1949		
a. (First)		b. (Middle)	c. (Last)		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH September 16, 1908		9. AGE (In years last birthday) 40		10. MONTHS 8		11. DAYS 1		12. HOURS		13. MIN.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Embalmer		10b. KIND OF BUSINESS OR INDUSTRY Funeral Director		11. BIRTHPLACE (State or foreign country) St. Louis Missouri		12. CITIZENSHIP OF WHAT COUNTRY? 0	
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13a. FATHER'S NAME Chas. F. Stuart		13b. MOTHER'S MAIDEN NAME Catherine Donnelly		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 492-14-2338		17. INFORMANT'S SIGNATURE OR NAME Chas. F. Stuart		ADDRESS 5318 Bartmer	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown? tuberculous pneumonia							
		ANTECEDENT CAUSES							
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Pulmonary tuberculosis</p> <p>DUE TO (c) Tuberculosis of epidermal vesicles</p>							
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 002X	
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22. I hereby certify that I attended the deceased from May 2, 1947, to May 17, 1949, that I last saw the deceased alive on May 17, 1949, and that death occurred at 6:02 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank R. Bradley M.D.		23b. ADDRESS Barnes Hospital		23c. DATE SIGNED 5-17-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 19, 1949	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri	
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DATE REC'D BY LOCAL REG. MAY 18 1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Chas. F. Stuart		ADDRESS 1225 Union	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

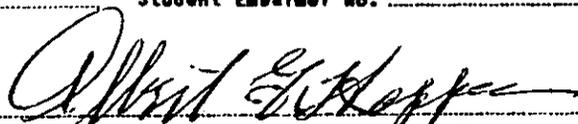
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_



Signed .....  
Student Embalmer

Licensed Embalmer No. 2971

P. O. Address \_\_\_\_\_

**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.