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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29111

FILED SEP 1946

Registration District No. 18652

Primary Registration District No. 1003

Registrar's No.

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

27949

1. PLACE OF DEATH:
(a) County: St.Louis,Missouri.
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St.Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 22
(c) City or town: St.Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 915 Morrison Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JACOB STEWART

3. (b) If veteran, name war: Nil
3. (c) Social Security No.: None

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Mary Ann Stewart
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August (Month) 8th (Day) 1861 (Year)

8. AGE: Years 85; Months 0; Days 19; If less than one day hr. min.

9. Birthplace: Lesterville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Unemployed
11. Industry or business:

FATHER
12. Name: John Stewart
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name: Nancy Sutton
15. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: William L. Welch
(b) Address: 4477a Forest Park Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/31/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Ironton, Missouri
18. (a) Signature of funeral director: White Und Co
(b) Address: Ironton, Missouri.
19. (a) AUG 28 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th year 1946 hour 2:55 minute P.M.

21. I hereby certify that I attended the deceased from 8/21/46, 19 to August 27th, 1946 that I last saw him alive on August 27th, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	7 days
Due to: Arteriosclerosis, generalized	years
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

97

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: Herbert Luis (M.D. or other)
Address: 1515 Lafayette Date signed: 8/27/46

(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.....

Licensed Embalmer No.....

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.