MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 16159
Registered No. 4183

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis. (No. Mullanphy Hospital. St. ..... Ward)

2. FULL NAME Joseph B. Stewart

(a) Residence. No. 7419 Bland Drive. St., " Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen M. Stewart.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 8, 1873.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	55	4	--	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work General Freight Agnt.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Deleware & Hudson RR.

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Lancaster, Pa.

PARENTS

10. NAME OF FATHER James Stewart.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Scotland.
12. MAIDEN NAME OF MOTHER Elizabeth McGovern
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland.

14. INFORMANT Helen M. Stewart
(Address) 7415 Bland Drive.

15. FILED APR 9 1929, 19.. Mary Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 8 1929.

17. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1929, to Apr. 1, 1929, that I last saw h. alive on Apr. 1, 1929, and that death occurred, on the date stated above, at 6 A.M. 6 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
I23.B
I2.9.B
93.C
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Infection of gall-bladder + appendix (duration) 6 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
Did an operation precede death? Yes. Date of Apr. 4, 1929
Was there an autopsy? No
What test confirmed diagnosis? Operation

(Signed) Thos. M. Davis, M. D.
Apr. 8, 1929 (Address) 2422 N. Grand

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery. DATE OF BURIAL Apr. 11 1929

20. UNDERTAKER J. J. Geiken L. & U. Co. ADDRESS 2842 Meramec

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD