WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 29 1931

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles. Registration District No. 757 File No. 19060

Township St. Charles Primary Registration District No. 3036 Registered No. 83

City St. Charles (No. 1309 N. 4th St., St. Ward)

2. FULL NAME Barton Stewart

(a) Residence, No. 1309 N. 4th St., St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Maria Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 5, 1846.

7. AGE: 84 YEARS; MONTHS: 7; DAYS: 18; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. - - -
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - - -
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): O'Fallon, Missouri

FATHER

13. NAME: Not known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

MOTHER

15. MAIDEN NAME: " "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Orville Stewart, 1046 Pine St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem. DATE May 26, 1931

19. UNDERTAKER (ADDRESS): Steinbrinker Furn. Co. St. Charles Mo.

20. FILED 5/25, 1931 Hy. G. Bloebaum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Viewed, 19.., to body, 19..
I last saw h.. alive on May 23, 1931 Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 23
82A	
97	

82A

Other contributory causes of importance:

General Arteriosclerosis 1910

5

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) R. E. Reading Coroner, M. D.
(Address) St. Charles, Mo.