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.

AUG 29 1931

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

Do not use this space. 5

1. PLACE OF DEATH
County Phelps — Registration District No. 678 — File No. 25895
Township St James — Primary Registration District No. 4404 — Registered No.
City St James (No. ..... St. ..... Ward)

2. FULL NAME Walter Stewart
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widower

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 11-1885

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
46	3	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired glass beveler
(b) General nature of industry, business, or establishment in which employed (or employer): Not employed
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ranken Mo.

PARENTS
10. NAME OF FATHER: Sterling Stuart
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Valley Park Mo.
12. MAIDEN NAME OF MOTHER: Elizabeth Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Valley Park Mo.

14. INFORMANT: Estella Corrington
(Address) Knob View Mo.

15. FILED 7-8, 1931 Henry F. Volters, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-7- 1931

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 5:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
cause heart disease
95B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 95B
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A M Log Lt-Coroner, M. D
, 19 (Address) Rolla Mo

*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: Burns Cemetery Valley Park Mo
DATE OF BURIAL: July 9 1931

20. UNDERTAKER: Schrader Und. Co.
ADDRESS: Ballwin Mo.