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.

JUL 14 1936

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

Do not use this space.
24231

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 093

City St. Louis (No. De Paul Hospital St. ..... Ward)

File No. 5841
Registered No.

2. FULL NAME Lucy Alice Stewart

(a) Residence, No. 326 Edgewood Dr. St., N.R. Ward. Clayton Mo.
(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1936.

7. AGE: Years X; Months X; Days X; If LESS than 1 day, 10 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) St. Louis Mo.

FATHER

13. NAME Charles F. Stewart.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Naples Florida.

MOTHER

15. MAIDEN NAME Elinor Lundinghaus

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Charles F. Stewart 326 Edgewood Drive

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE June 5 1936

19. UNDERTAKER (ADDRESS) Shepard Funeral Home 6167 Hamilton Ave.

20. FILED JUN 4 1936 J. H. Riedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936, to June 4, 1936
I last saw her alive on June 4, 1936. Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (8 mos)	

Other contributory causes of importance:
Congenital deformity of brain
Hare Lip
Polydactylia

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?.....
If so, specify.....
(Signed) L. M. Rodman, M. D.
(Address) Lister Bldg.