MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8844

Township ..... Primary Registration District No. 1003 Registered No. 2334

City St. Louis (No. City Hospital No. 2 St. ..... Ward)

2. FULL NAME Ike Stewart

(a) Residence, No. 2622 Dickson St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 13 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: Negro

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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR WIFE OF)~~ Van Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1906

7. AGE: YEARS 30 MONTHS 10 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 52

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Scullin Steel Co

10. Date deceased last worked at this occupation (month and year) ? 1936

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Arkansas

FATHER

13. NAME Ned Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Arkansas

MOTHER

15. MAIDEN NAME Phoebe Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Arkansas

17. INFORMANT (ADDRESS) Ruby Peterson 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fulton, Arkansas DATE Feb. 27, 1937

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Avenue

20. FILED FEB 26 1937 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23- , 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-6- , 1936, to 2-23- , 1937

I last saw him alive on 2-23- , 1937 Death is said to have occurred on the date stated above, at 5:35A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	11-6-36

Other contributory causes of importance: 93

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) J. Owen Blache, M. D.

(Address) 2945 Lawton

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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