

APR 27 1937

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

Do not use this space. ✓

1. PLACE OF DEATH

County Saint Louis
Township Carondelet
City Jefferson Barracks (No. Vets. Adm. Fac.)

Registration District No. 1123
Primary Registration District No. 6248B

File No. 13582
Registered No. 142
St. _____ Ward _____

2. FULL NAME George STEWART

(a) Residence, No. 1428 Papin Street St. _____ Ward Saint Louis, Missouri.
(Usual place of abode) Unkn. (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 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. Birtie Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 7 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
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) Saint Louis Missouri

13. NAME Levi Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Belle Dry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Clinical Clerk M. Schullig
(ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Brks DATE April 1st, 1937

19. UNDERTAKER Jas. H. Randle & Son
(ADDRESS) 920 No. Leonard Ave

20. FILED Mar. 31, 1937 H. Mowrey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 13, 1937, to March 27, 1937.

I last saw him alive on March 27, 1937 Death is said to have occurred on the date stated above, at 2:25 P.

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

NEPHRITIS, chronic, with marked nitrogen retention.

Date of onset

Unkn.

Other contributory causes of importance:

Myocarditis, chronic, with hypertrophy, congestive type of cardiac failure.

Unkn.

Name of operation _____ Date of operation _____
Any clinical manif. and laboratory tests? _____
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) C. W. Hughes, Chief Med. Officer, M. D.(Address) VAF Jefferson Barracks, Mo.

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.

