

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.

AN - 9 1939

1939 FEB 7 1939

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

3907
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Registration District No. 784
 (b) Township Bonhomme, Primary Registration District No. 116
 (c) City Valley Park, (d) Street No. 609 Leonard, St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sterling P. Stuart,

(a) Residence, No. 609 Leonard, Valley Park, Mo., St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1861.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>77</u>	<u>10</u>	<u>19</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired farmer</u>	11. Total time (years) spent in this occupation. <u>20</u>
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Cum farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1900</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cesterville, Mo.

FATHER 13. NAME Ashton Stuart,

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Jesse Stuart, Valley Park, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burmes Cem. DATE Jan. 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Schrador Funeral Home, Bowling Mo.

20. FILED JAN - 9 1939 W. C. Meyer, M.D., Local Registrar, Valley Park, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1939, to Jan. 7, 1939

I last saw him alive on Jan 7, 1939. Death is said to have occurred on the date stated above, at 1:20 P.M.

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

Gastric Ulcer
Gastric Hemorrhage

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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..... No

(Signed) J. P. Heath, M. D.
 (Address) Valley Park, Mo.

not to be used
for any other purpose

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.
working under my personal supervision.

Signed *Theo. Schrader*

Licensed Embalmer No. *3066*

P. O. Address *Gallatin, Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.