

REC'D APR 12 1939

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

8406
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City ST. LOUIS, MO. (d) Street No. BARNES HOSPITAL Registered No. **2171**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME DR. A. EDGAR STEWART

(a) Residence, No. 1. ABERDEEN PL. St. **5** ~~St. Louis~~ St. Louis, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE WW 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertrude McLain Stewart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/20/90
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 6 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as saw mill, bank, etc. medicine
10. Date deceased last worked at this occupation (month and year) 3-5-39 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
Webb City, Mo.

FATHER 13. NAME ~~xxxxxx~~ Jos. C. Stewart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER 15. MAIDEN NAME Hortense Street
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) J. Albert Key
Barnes Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Beaumontaine DATE 3/7/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alexander & Sons
6175 Delmar Blvd

20. FILED MAR 6 1939 J. E. Bruck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-5-1939
22. I HEREBY CERTIFY, That I attended deceased from 3-3-39, 1939, to 3-5-, 1939
I last saw h. l. m. alive on 3-3-, 1939 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
1 year ago.
Other contributory causes of importance: 0

Name of operation..... Date of.....
What test confirmed diagnosis? Autopsy 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? no
If so, specify.....
(Signed) J. Albert Key, M. D.
(Address) BARNES HOSPITAL

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.

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,

J. Wm Binkley

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

J. Wm Binkley

Licensed Embalmer No..... *3653*

P. O. Address..... *St. Louis, Mo*

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.

1175 Delmar