

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

WED AUG 25 1940 91
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution: _____
6165 Lalite Avenue. 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 7

(If outside city or town limits, write "RURAL")

(d) Street No. 6165 Lalite Avenue.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME James Albert Stuart 363

3. (b) If veteran, name war _____

3. (c) Social Security No. 059-12-6251

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20, 1940
year 8 hour 35 minute P M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Daisy Stuart

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased November 11, 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 16th, 1940, to July 20, 1940, that I last saw him alive on July 20th, 1940, and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 8 Days 9 If less than one day _____ hr. _____ min.

Immediate cause of death Ch. Myocarditis

Duration _____

Due to _____

Due to Artery Sclerosis

Other conditions Ch. Stomach, Hepatitis

(Include pregnancy within 3 months of death)

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

11. Industry or business _____

12. Name James W. Stuart

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Ross

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Daisy Stuart

(b) Address 6165 Lalite Avenue

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Burial (b) Date thereof 7/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

While at work? _____ (Specify type of place)

(e) Means of injury 5

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue.

19. (a) JUL 23 1940 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

28. Signature Dr. J. F. Brudeck IRA. R. HICKS
Address 6201 Lott Ave Date signed 7-22-40
(M. D. or other)

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..... *J. G. Sullivan*

Licensed Embalmer No. *1122*

P. O. Address.....

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.