

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Childrens Hospital  
(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 12  
(c) City or town Poplar Bluff Mo. NR  
(If outside city or town limits, write "RURAL")  
(d) Street No. 108 Warren St  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME KENNETH LESTER STEWART

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Child  
6. (b) Name of husband or wife May 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 10 1934  
(Month) (Day) (Year)

8. AGE: Years 8 Months 0 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Poplar Bluff Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

12. Name Lester Stewart

13. Birthplace 108 Warren St Mo. (City, town, or county) (State or foreign country)

14. Maiden name Virginia Allen

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

16. (a) Informant Lester Stewart

(b) Address Poplar Bluff

17. (a) Removal (b) Date thereof 5-19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington

19. (a) MAY 18 1942 (b) J. J. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17  
year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5-16-42  
\_\_\_\_\_, 19\_\_\_\_, to 5-17-42, 19\_\_\_\_  
that I last saw him alive on 5-17-42, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Polio myelitis  
Due to Ascending Paralytic type of Polio myelitis  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 16  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
\_\_\_\_\_ (Specify type of means of injury)  
23. Signature Cornelius S. Wecker M.D. (or other)  
Address 500 S. Kings Highway Date signed 5-17-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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17  
9

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**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.....

*W. Wilkinson*  
.....  
Licensed Embalmer No..... *3575*

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, fact should be so stated above.**