S. No. 2
M—9-4-41
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I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11553

State File No. .....

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 761

1. PLACE OF DEATH

(a) County St. Louis

(b) City or town ~~St. Louis~~ Richmond Hgts
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 643 Hawbrook Drive
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Charles Franklin Stewart

3. (b) If veteran, name war None

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ella Elizabeth Christopher

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased July (Month) 27 (Day) 1869 (Year)

8. AGE: Years 73 Months 8 Days 0 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired, Railroad Conductor

11. Industry or business .....

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vivian Stewart Sievers
(b) Address 643 Hawbrook Dr Kirkwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 30 '43 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robt J. Ambruster
(b) Address Clayton Road at Cordordia Lane

19. (a) MAR 31 1943 (Date received local registrar) (b) E. V. McDaniel M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1943 hour 12 minute 55 A.M.

21. I hereby certify that I attended the deceased from October, 1942 to Mar. 28, 1943 that I last saw him alive on Mar. 27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cause of Stomach — Duration 6 Mo

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings: Of operations as above

Of autopsy Neg

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury .....

23. Signature P. J. Van Zant (M. D. or other)

Address Missouri Theatre Bldg., Date signed 3/29/43

(Licensed Embalmer's Statement on Reverse Side)

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 Edward H Bockhorst

Licensed Embalmer No. 2502

P. O. Address Clayton 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, fact should be so stated above.