

1943

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 1160

ED MAY 22 1943

Registration District No. 217

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Koch, Mo  
(c) Name of hospital or institution: Koch Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1384 days  
(Specify whether  
In this community 15 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 4402 W. Ball (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME EARL STEWART

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

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced, divorced  
6. (b) Name of husband or wife Walter 6. (c) Age of husband or wife if alive Walter years  
7. Birth date of deceased 5 28 1908  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
34 11 13 hr. min.

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

10. Usual occupation Radio Repair Man

11. Industry or business Worked for himself

MOTHER - FATHER {  
12. Name Paul Stewart  
13. Birthplace ? Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Mathilda Walker  
15. Birthplace ? Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Records  
(b) Address Koch Hospital, Koch Mo

17. (a) (Burial, cremation or removal) (b) Date thereof 5 14 1943  
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Royd Bros Fun Home  
(b) Address 3704 Finley Ave

19. (a) 5-15-43 (b) R. N. McLaughlin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11  
year 1943 hour 11 minute 35 AM

21. I hereby certify that I attended the deceased from Aug 22, 1939, to May 11, 1943  
that I last saw him alive on May 11, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pulmonary Tuberculosis Duration 7 yrs. (?)

Due to .....  
Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations .....  
Of autopsy 13/1

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?

23. Signature William C. Winkle (M. D. or other) .....  
Address Koch Hospital, Koch, Mo Date signed 5-11-43

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

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  
William C. McDowell, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

William C. McDowell

Licensed Embalmer No.

2114

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.