

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 1607

Registration District No. 517

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis Robertsou
(b) City or town St. Ferdinand Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Curtiss-Wright Plant. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community Life
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. 4008 Kingshighway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leslie M. Stewart

3. (b) If veteran, name war World 3. (c) Social Security No. 493-24-4722

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Olga Stewart 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased December 24, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 6 18 hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business _____

12. Name Joseph Stewart

13. Birthplace Unknown U.S.A.
(City, town, or county) (State or foreign country)

14. Maiden name Not known

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

16. (a) Informant Olga Stewart

(b) Address 4008 Kingshighway

17. (a) Entombment (b) Date thereof 7/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) 7-14-43 (b) C. B. M. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1943 hour 3:20 minute P M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. Duration _____

Due to Chronic endocarditis of mitral valve with stenosis;

Due to Hypertrophy & dilatation of heart; Healed myocardial

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

Major findings: Of operations _____

Of autopsy Yes.

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) (e) Means of injury 3

23. Signature Louis H. Bopp M.D.

Address Kirkwood, Mo. 7-17-43 Date signed _____

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

MOTHER FATHER

76000

JUL 26 1943

AUG 18 1943

Wheat
Loren

JUL 30 1943

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 Francis A Williamson

Licensed Embalmer No. 3565

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, fact should be so stated above.