

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10271

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:
Homer Phillips 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)

3. (a) PRINT FULL NAME Louis Steward
3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: July 18 1894
(Month) (Day) (Year)

8. AGE: Years 49 Months 3 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Chain of Hooks, Lincoln County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Giles Steward
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mariah Hawkins
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Millie Allen
(b) Address 2714 Lucas Ave.

17. (a) Buried (b) Date thereof 11-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director J. P. Beal, Und. Co.

(b) Address 2102 1/2 Lucas Ave.

19. (a) NOV 24 1943 (b) J. Z. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1126 1/2 Godley
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17 year 1943 hour 11 minute 40 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: Subarachnoid Hemorrhage of Brain Artery of Brain Artery of both legs when he was struck by a automobile driven by one Carl Pfeiffer at the intersection of 12th and Biddle St about 7 PM 11-17-43
Duration of illness _____
Due to _____
Due to _____

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

Major findings: _____
Of operations NO
Of autopsy NO

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) Accident

(b) Date of occurrence 11-17-43

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)

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

23. Signature Thomas A. Callahan (M. D. or other)
Address Deputy Coroner Date 11-24-43

WRITE PLAINLY—USE UNFADING 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.....

working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Wm Claude Gordon

Licensed Embalmer No. *3489*

P. O. Address *4675 Alder*

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.