

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5785**
Registrar's No. **2266**

Registration No. **13848**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. John's 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 **James E. Stewart**

3. (b) If veteran, name war **1-A-1-1000**

3. (c) Social Security No. **494-01-0630**

4. Sex **Male** **5. Color or race** **White**

6. (a) Single, widowed, married, **2 divorced Widower**

6. (b) Name of husband or wife.....

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

7. Birth date of deceased **July 3 1873**
(Month) (Day) (Year)

8. AGE: Years **70** Months **7** Days **4**
If less than one day hr. min.

9. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Foreman**

11. Industry or business **Public Service Co**

MOTHER, FATHER

12. Name **William Stewart**

13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Jenner**

15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Stewart Ellis**

(b) Address **3846 Folsom Ave**

17. (a) Burial **(b) Date thereof** **March 8 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peter and Paul Cemetery**

18. (a) Signature of funeral director **Peetz Brothers**
(b) Address **3029 Lafayette Ave**

19. (a) (Date received local registrar) **MAR 8 1944**

(b) Registrar's signature **J. F. Bredek**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(If outside city or town limits, write "RURAL")

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **3846 Folsom Ave**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4th** day **March**
 year **1944** hour **9:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **10-16** 19**39** to **3-4-** 19**44**
 that I last saw him alive on **3-4-** 19**44**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Infective Heart Disease**

Due to.....

Due to.....

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

Major findings:
 Of operations.....

Of autopsy.....

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?.....

While at work?.....
(Specify type of place) (Specify type of place) Means of injury

23. Signature **Carl W. Kelly** (M. D. or other)
Address **St. Louis** Date signed **3-6-44**

(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..... *Frank D. Jones*

Licensed Embalmer No. *7245*

P. O. Address..... *St. Thomas*

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.