

FILED AUG 25 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 7 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 9H
(d) Street No. 4221 Cogen St. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Matthew Stewart

3. (b) If veteran, name war
3. (c) Social Security No. NONE

4. Sex Male 5. Color or race 2 Negro 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Stewart 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased unk (Month) (Day) (Year)

8. AGE: Years 72 Months Days If less than one day
hr. min.

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

10. Usual occupation unemployed

11. Industry or business

12. Name unknown
13. Birthplace La (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace La (City, town, or county) (State or foreign country)

16. (a) Informant William Stewart
(b) Address 3141 Sheridan Ave

17. (a) Burial (b) Date thereof 8-21-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood Cemetery

18. (a) Signature of funeral director Atkins Bros
(b) Address 344 Finney Ave

19. (a) AUG 20 1944 (b) J. J. Bredeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16, year 1944 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from August 12, 1944 to August 16, 1944; that I last saw him alive on August 16, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Accident Duration 4 days

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) (e) Means of injury

23. Signature C. Beebe (M. D. or other)
Address 2601 W. 11th Date signed 8/16/44

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.....

..... Registered Apprentice No.....
working under my personal supervision.

Signed: *Louis V. Adams*

Licensed Embalmer No. *2842*

P. O. Address *3644 Finney Ave*

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.