

FILED JAN 20 1948

Registration District No. _____ 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:
5707 McPherson Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **38 years**
(Specify whether in this community _____ years, months or days)

3. (a) PRINT FULL NAME **WILLIAM MILLER STEWART**

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

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

6. (b) Name of husband or wife **Grace P. Stewart** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased. **12** (Month) **12** (Day) **1865** (Year)

8. AGE: Years **79** Months **0** Days **25** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Ret'd Forging & Blacksmith**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Stewart**
13. Birthplace **Unknown** **Scotland** (City, town, or county) (State or foreign country)
14. Maiden name **Mary Ann McPherson**
15. Birthplace **Unknown** **Scotland** (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Jack Stewart**
(b) Address **7600 St. Charles Rock Rd.**

17. (a) **Rural** (Burial, cremation, or removal) (b) Date thereof **1-10-1945** (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Alexander Soma**
(b) Address **6175 Delmar Boulevard**

19. (a) **JAN 10 1945** (Date received local registrar) (b) **J. F. Bredeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **7600 St. Charles Rock Road**
(If rural, give location)
(e) Citizen of foreign country? **Yes** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **7**
year **1945** hour **11** minute **AM**

21. I hereby certify that I attended the deceased from **October 1, 1943** to **January 7, 1945**
that I last saw him alive on **1-7, 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**

Due to **Chronic nephritis** **1 year** Duration

Due to **Arteriosclerosis** **years**

Other conditions **Senile dementia**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: **1/5/45**
Of autopsy: _____
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 **C**

23. Signature **Herbert R. Cletcher** (M. D. or other) **H. D.**
Address **6635 Delmar** Date signed **1-9-45**

MAR 29 1945

MAY 19 1945

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

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.