

Registration District No. 217

Primary Registration District No. 6026

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ellisville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sunset Sanitarium
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 643 Hawbrook
(If rural, give location)
(e) Citizen of foreign country? ! (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ella Elizabeth Stewart

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife Charles Franklin Stewart Dec'd 3/28/43 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 26, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 7 27 hr. min.

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

10. Usual occupation At home

11. Industry or business Housewife

MOTHER FATHER { 12. Name ? Christopher
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Priscilla ?
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond W. Sievers
(b) Address 643 Hawbrook, Kirkwood 22 Mo.
17. (a) Burial (b) Date thereof 6/25/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane

19. (a) JUL 7 1945 (b) Dr. C. H. McKelvey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1945 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from May 27, 1945 to June 23, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 day
Due to arteriosclerosis 10 yrs.

Due to Hypertension 8 30 yrs.
Other conditions Senile dementia 2 yrs.
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy No autopsy

Duration
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 time of place) Means of injury !

23. Signature C. H. McKelvey (M. D. or other)
Address 209 Kirkwood Rd., Kirkwood Date signed 6/25/45

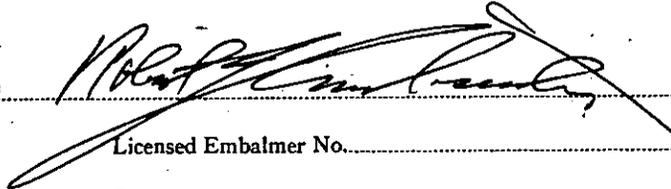
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 23 1946

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.....



.....
Licensed Embalmer No.....

P. O. Address.....

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.