

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11470

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2234

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 1432 Linton Avenue  
(d) Length of stay: In hospital or institution Since Birth  
In this community Since Birth

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 917  
(d) Street No. 1432 Linton Avenue  
(e) Citizen of foreign country? No  
If yes, name country

3. (a) PRINT FULL NAME STEWART MATTHEW MOSTERT  
3. (b) If veteran, name war Nonr  
3. (c) Social Security No. 494-01-0078

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Mar day 5  
year 1946 hour 6:00 AM date 2/26 M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Euginia (Heckenkamp)  
6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased Sept. 16, 1886

21. I hereby certify that I attended the deceased from  
that I last saw h. alive on  
and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 5 Days 19  
If less than one day hr. min.

Immediate cause of death  
Duration  
Due to  
Due to  
Other conditions  
Major findings:  
Of operations  
Of autopsy

9. Birthplace St. Louis Missouri  
10. Usual occupation Street Car Operator  
11. Industry or business Public Service Company  
12. Name Sabastian Mostert  
13. Birthplace St. Louis Missouri  
14. Maiden name Amella Perrin  
15. Birthplace St. Louis Missouri

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Euginia Mostert  
(b) Address 1432 Linton Avenue  
17. (a) Burial (b) Date thereof 3/9/46  
(c) Place: burial or cremation Friedens Cemetery  
18. (a) Signature of funeral director Math. Hermann & Son  
(b) Address 2161 East Fair Avenue  
19. (a) MAR 7 1946 (b) F. Fredrick

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature Date signed 3/21/46

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

MOTHER FATHER

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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 William G. Buchholz  
Licensed Embalmer No. 2110  
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.**