

FILED APR 13 1946
STANDARD CERTIFICATE OF DEATH

State File No. **15232**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3224**

1. PLACE OF DEATH:

(a) County _____
(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: St. Louis City Hospital - Max C. Starkloff Memorial
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1707 N. Spring Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HORACE WATSON STEWART

3. (b) If veteran, name war no
3. (c) Social Security No. 489-10-1877

4. Sex Male (1) 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Christine Stewart 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased October 20th, 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 16 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman

11. Industry or business American Packing Co.

12. Name John H. Stewart

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

14. Maiden name Martha Hall

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

16. (a) Informant Mrs. Christine Stewart

(b) Address 1707 N. Spring Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/46 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Ave.

19. (a) APR 8 1946 (Date received local registrar) (b) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
year 1946 hour 4:15 minute P M.

21. I hereby certify that I attended the deceased from 4/6/46
19____, to 4/6/46 19____;
that I last saw him im alive on 4/6/46 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Intra-cranial Hemorrhage

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 W. H. F. Gould M.D. (M.D. or other) _____
Address 1515 Lafayette Date signed 4/8/46

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

14102

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Missouri.

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.