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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43006

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10905

1. PLACE OF DEATH:

(a) County MISSOURI

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. LOUIS CHILDREN'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 MONTHS (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. 2806 S WISCONSIN
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Loren Ray Stewart

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced ____

6. (b) Name of husband or wife ____

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Sept. (Month) 24 (Day) 1944 (Year)

8. AGE:

Years	Months	Days	If less than one day
2	2	25	____ hr. ____ min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation ____

11. Industry or business ____

FATHER
12. Name BOYD STEWART
13. Birthplace ILLINOIS (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name GERALDINE LEONARD
15. Birthplace ARKANSAS (City, town, or county) (State or foreign country)

16. (a) Informant BOYD STEWART

(b) Address 2806 S WISCONSIN

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 21 1946 (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS

18. (a) Signature of funeral director Thos. Kelton Son

(b) Address 2906 GRAVOIS

19. (a) DEC 19 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 12 day 19

year 46 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from 9-11, 1946, to 12-19, 1946

that I last saw him alive on 12-19, 1946;

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory muscle paralysis post Poliomyelitis and Bronchopneumonia	
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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature R. J. Blottner (M. D. or other)

Address [illegible] Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

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. 3989

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.