

No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 13 1947
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003
Primary Registration District No.

19404
State File No.
Registrar's No. 5353

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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Sto
(c) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL")
(d) Street 400 S Jefferson
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Robert Steward
3. (b) If veteran, name war.....
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 28
year 1947 hour 11 minute 59 P.M.

4. Sex male 5. Color or race Col.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased: 5 (Month) 27 (Day) 1882 (Year)

21. I hereby certify that I attended the deceased from April 16, 19....., to 47 May 28, 19.....
that I last saw h. im alive on May 28, 19....., and that death occurred on the date and hour stated above.
Duration Undet.

8. AGE: Years 65 Months 0 Days 0 If less than one day no min

Immediate cause of death Stomach, Carcinoma
Due to.....
Due to.....

9. Birthplace Monroe La.
(City, town, or county) (State or foreign country)

Other conditions Lungs, Edema, Atelectasis
(include pregnancy within 3 months of death)
Pleural Cavity Fluid

10. Usual occupation Cook

Major findings:
Of operations.....
Of autopsy Yes
PHYSICIAN
Underline the cause of which death should be charged statistically.

11. Industry or business U.S. American Ste. Ship

12. Name James Steward

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

14. Maiden name Harriet Ainslie

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

16. (a) Informant Manis White
(b) Address 400 S Jefferson

17. (a) Burial, cremation, or removal Burial Greenwood Ave
(b) Date thereof 5-31-47
(Month) (Day) (Year)

18. (a) Signature of funeral director J. W. Bruce
(b) Address 4469 Washington Ave.

19. (a) MAY 29 1947 (Date received local registrar)
(b) J. F. Brebeck (Registrar's signature)

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).
Means of injury 0
23. Signature Edw B Williams (M. D. or other)
Address 2601 N Whittier Date signed 5/29/47

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

MOTHER FATHER

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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard av

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.