

No. 2
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-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3129**
Registrar's No. **454**

FILED JAN 30 1948

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1710 S. 10th. St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MARY STEWART

3. (b) If veteran, name war.....
3. (c) Social Security No. 490-03-4706

4. Sex female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William Stewart
6. (c) Age of husband or wife if alive Dec'D years
7. Birth date of deceased Feb. 8, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 11 0 hr. min.

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

10. Usual occupation Spinner
Cordage Mills

11. Industry or business.....

12. Name Barney Morhnan

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

14. Maiden name Unknown

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

16. (a) Informant: Mrs. Maymie Zaehring

(b) Address 7524 Santa Monica Dr.

17. (a) Burial (b) Date thereof 1/12/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director CHULICK UND. CO. INC.
(b) Address 1722 S. Jefferson Ave.
19. (a) JAN 16 1948 J. F. President
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8
- - year 48 hour 11:30 minute Δ M.
21. I hereby certify that I attended the deceased from 1-1- 1947 to 1-8- 1948
that I last saw h. alive on 1-7- 1948
and that death occurred on the date and hour stated above
Immediate cause of death Coronary Arteriosclerosis

Due to Chronic Myocarditis and Chronic Bronchitis
Due to.....

Other conditions Dropsy
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration 2
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 L. F. Murray (M. D. or other) 0
Address 900 - Russell Date signed 1-9-48

454

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 Alex A. Chudick Jr.

Licensed Embalmer No. 4147

P. O. Address. ~~1722 S. Jeff~~

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. |