DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3352

Registration District No. 317 Primary Registration District No. 3066 Registrar's No. 48

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

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: 424 Memphis (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 96

(c) City or town Kirkwood Mo (If outside city or town limits write "RURAL") 4

(d) Street No. 424 Memphis (If rural, give location) 3

(e) Citizen of foreign country? ..... (Yes or No) O

If yes, name country .....

3. (a) PRINT FULL NAME LOUIS STEWARD

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or race C

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

6. (b) Name of husband or wife Mary Steward

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 2 (Month) 1 (Day) 1895 (Year)

8. AGE: Years 52 Months 11 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Pine Bluff (City, town, or county) Ark (State or foreign country)

10. Usual occupation Laborer

11. Industry or business .....

FATHER

12. Name Unknown

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

MOTHER

14. Maiden name Unknown

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

16. (a) Informant Mary Steward

(b) Address 424 Memphis

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof 1 9 48 (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Walton

(b) Address 2707 S Broadway

19. (a) 1-8-48 (Date received local registrar) (b) Earl A Stoffel MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 2 year 1948 hour 345 minute 0 A.M.

21. I hereby certify that I attended the deceased from 6-1, 1947, to 1-2, 1948 that I last saw h. alive on 1-1-48, 19..... and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac Dilatation	1 day
Due to Chronic myocarditis	6 mo.
Due to Hypertension	6 mo
Other conditions (Include pregnancy within 3 months of death) 93	

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) O

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

23. Signature C A Theslie (M. D. or other) MD

Address Kirkwood, Mo Date signed 1/7/48

(Licensed Embalmer's Statement on Reverse Side)

JUN 28 1948

APR 23 1948

FEB 3 1949

APR 30 1948

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 Hillard

Licensed Embalmer No. 4331

P. O. Address 1253 Bayard

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.