

100
47
39
906

FEDERAL BUREAU OF VITAL STATISTICS
Missouri Division of Health
STANDARD CERTIFICATE OF DEATH

42845

Federal Office of Vital Statistics
FILED JAN 24 1949

State File No. _____

Registration District No. 317

Primary Registration District No. 6075

Registrar's No. 2070

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution 9204 HORD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 1 1/2 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town JENNINGS
(If outside city or town limits, write "RURAL")

(d) Street No. 9204 HORD AVE
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LOUISE M. STUART

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1948 hour 3 minute 30 P. M.

4. Sex F / race W

5. Color or race W

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

6. (b) Name of husband or wife CLARENCE E. STUART

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased JULY-6-1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 1941, to Sept. 20, 1948
that I last saw her alive on Sept. 20, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

59 5 11 hr. min.

Immediate cause of death Coronary Thrombosis Duration _____

Due to Coronary Insufficiency 7 yrs.

9. Birthplace LITTLE BERGER - MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

Other conditions Arteriosclerosis, Secondary
(Include pregnancy within 3 months of death)

Due to 946

MOTHER FATHER

11. Industry or business _____

12. Name CHRIS SCHEIBLE

13. Birthplace WEST BADEN - GER
(City, town, or county) (State or foreign country)

14. Maiden name MARY HORST MANN

15. Birthplace LITTLE BERGER - MO
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy 420

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant M. G. C. Stuart

(b) Address 3204 Hord ave

17. (a) BURIAL (b) Date thereof 12-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director L. B. Turner

(b) Address 6107 National Bridge

19. (a) 12-18-48 (b) Thurmond
(Date received local registrar) (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) (e) Means of injury _____

23. Signature Joseph J. King (M. D. or other) M.D.
Address 575 S. Grand St. Date signed 12/18/48

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

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 MR

....., Registered Apprentice No.
working under my personal supervision.

Signed Edgar Robert Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo

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.