MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

9596

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hospital St. ..... Ward)

File No. .....

Registered No. 2107

2. FULL NAME 15050 Charlotte Howard

(a) Residence. No. 6950 Manchester 14 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Geo. Howard

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 13 1875

7. AGE: Years 51 | Months 6 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Dishwasher
(b) General nature of industry, business, or establishment in which employed (or employer): 1921
(c) Name of employer: 1921

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

PARENTS

10. NAME OF FATHER: George Florye

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

12. MAIDEN NAME OF MOTHER: Mary Parson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia

14. INFORMANT: E Rivan
(Address): City Hospital

15. FILED: MAR -3 1927 Max C Starkloff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 2 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1927, to March 2, 1927, that I last saw h.. alive on March 2, 1927, and that death occurred, on the date stated above, at 2 45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: General Peritonitis post operative Operated 2/25/27 - Partial Intestinal Obstruction (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) causing obstruction to old Operation for ruptured appendix (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? 2/25/27 DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H J Roche, M. D

3/2, 1927 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Hill Cem

DATE OF BURIAL: 3/4 1927

20. UNDERTAKER: Croghan Und Co

ADDRESS: 7146 Manchester

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[illegible] IS A PERMANENT RECORD

Howard