

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

Do not use this space.

2789

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St Louis Mo (No. 3147 N 13th St)

File No.

Registered No. 1 367

St.

Ward)

2. FULL NAME William A Howard

(a) Residence. No. St., 26 Ward. Deper mo

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 da.

How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

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

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 9th 1882

7. AGE

YEARS 45

MONTHS 1

DAYS 1

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Barber

(b) General nature of industry, business, or establishment in which employed (or employer) -

(c) Name of employer self

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) mo

10. NAME OF FATHER Chas H Howard

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) mo

12. MAIDEN NAME OF MOTHER Margaret Deimer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) mo

14.

INFORMANT R S Davis
(Address) 3147 N 13th St

15.

FILED 11 1928

Max L Starckoff
REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1928

17.

I HEREBY CERTIFY That I attended deceased from Jan 7th 1928, to Jan 10 1928 that I last saw him alive on Jan 10 1928, and that death occurred, on the date stated above, at 11:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Leptospirosis of fever
alcoholic
12HA (duration) 3 yrs. 3 mos. 3 da.

CONTRIBUTORY (SECONDARY) James
(duration) 1 yr. 2 mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 12th St

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. L. Menden, M. D

1/10, 1928 (Address) 2303 S Deliberer Ave

*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

DATE OF BURIAL

Deper mo

Jan 11 1928

20. UNDERTAKER

Fred M Williams 4561 Delmar

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.

