

APR 9 1935

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. De. Paul, Hospital) St. Ward) **2410**

2. FULL NAME James J. Howard

(a) Residence, No. 4724 Northland Ave St. 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary Howard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13. 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 5 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Car Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

13. NAME Henry Howard

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

15. MAIDEN NAME Eliza Hebert

16. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY)

17. INFORMANT Mary Howard (ADDRESS) 4724 Northland Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 3.14.35

19. UNDERTAKER Geo. F. Mahler (ADDRESS) 4725 St. Louis Ave

20. FILED MAR 13 1935 Joe P. Bradeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11 1935

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 10:25 P.

The principal cause of death and related causes of importance were as follows:

Internal Hemorrhage from punctured right lung, Internal Hemorrhage from Ruptured Liver, received when struck by a Fly-mouth Sedan, driven by one Dominic Miceli, at Euclid & Northland Aves., about 9:30 P.M., March 11, 1935.

Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3/11, 1935

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Automobile Nature of injury Internal Hemorrhages

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joe P. Bradeck, M. D. (Address) 3/13/35

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

