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.

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

Do not use this space.

APR 25 1935

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No. 11454

Township — Primary Registration District No. 6248 B — Registered No. 112

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

2. FULL NAME Walter Howell

(a) Residence, No. 2811 a Stoddard Street St., Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 4, 1889

7. AGE: YEARS 45 — MONTHS 11 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Janitor at Police Sta.
10. Date deceased last worked at this occupation (month and year): January 1935
11. Total time (years) spent in this occupation: 9 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Charles, Missouri

FATHER

13. NAME: Peter Howell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Missouri

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown

17. INFORMANT (ADDRESS): Frank T. Duffy, M. D., Act. Chief Medical Officer

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Barracks DATE March 26, 1935

19. UNDERTAKER (ADDRESS): A. D. Richardson, 26 N. Jefferson Well

20. FILED Mar 24 1935 G. Mowry, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1935, to March 21, 1935
I last saw him alive on March 21, 1935. Death is said to have occurred on the date stated above, at 5:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, active chronic, far advanced.	Unkn.

Other contributory causes of importance: None

Name of operation: None — Date of
What test confirmed diagnosis? Physical exam, clinical manifestations & laboratory findings. — Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Frank T. Duffy, M.D., M. D.
(Address) Act. Chief Medical Officer
Vet. Adm. Facility, Jefferson Barracks, Mo