

DEC 12 1935

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

Do not use this space.

37494

1. PLACE OF DEATH

County..... Registration District No. 291
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No.) St. Ward)

File No.
Registered No. 9461

2. FULL NAME

Mary Howard
(a) Residence, No. 1310 S 9th St., 23 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 22 yrs. 6 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Howard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 21, 1913</u>		
7. AGE	YEARS <u>22</u>	MONTHS <u>6</u>
	DAYS <u>15</u>	IF LESS than 1 day, hr. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
FATHER	13. NAME <u>Charles Brodie</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Louise Caughron</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pisemack Mo</u>	
17. INFORMANT <u>Stella Brady</u> (ADDRESS) <u>5600 Arsenal St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter's Cem.</u> DATE <u>11/9/35</u>		
19. UNDERTAKER <u>Howland Mortuary Serv.</u> (ADDRESS) <u>4355 Washington Ave.</u>		
20. FILED <u>NOV 12 1935</u> <u>J. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1935, to Nov. 6, 1935
I last saw him alive on Nov. 6, 1935. Death is said to have occurred on the date stated above, at 8:45 a. m.
The principal cause of death and related causes of importance were as follows:
Diphtheria - 10
Abscess of Parotid
Cerebral sinus thrombosis
Abscess of Brain
Other contributory causes of importance:
Multiple abscesses of Lungs
Non-B. Non-rheumatic
Cause unknown

Date of onset	<u>Oct. 25</u>
	<u>1935</u>
	<u>Oct. 29</u>

Name of operation Incision of parotid Date of Nov 5, 1935
What test confirmed diagnosis cutting Was there an autopsy? yes

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? no
If so, specify
(Signed) Henry J. Blouin, M. D.
(Address) 5600 Arsenal

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.

U. S. NO. 2
100M-11-24-33

