

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

Do not use this space.

NOV 4 1936

791

339772

1. PLACE OF DEATH

County..... Registration District No. 1008
 Township..... Primary Registration District No. 1008
 City St. Louis, Mo. (No. CITY HOSPITAL NO. 2) St. Ward)

2. FULL NAME Thomas Howard

(a) Residence, No. 1442 N. 14th St. St. 25 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26- 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 10-24- 1936, to 10-26- 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1899

I last saw him... alive on 10-26- 1936 Death is said to have occurred on the date stated above, at 7:30 P. M.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 10 11

Ischio-rectal Abscess; Date of onset 10-24-
Toxic Hepatitis 36

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

Abscess caused from presence of B. Cole.
12562

Other contributory causes of importance:
Acute Uremia caused by ischio-rectal abscess.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

Name of operation..... Date of.....
 What test confirmed diagnosis? Clinical Was there an autopsy? No

13. NAME Burke Howard

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

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.

15. MAIDEN NAME Lizzie Holliday

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

17. INFORMANT (ADDRESS) Thomas M. Sherard
2945 Lawton Ave. St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 10-29 1936

Manner of injury.....
 Nature of injury.....

19. UNDERTAKER A. Russell Undertaking Co.
 (ADDRESS) 2732 Pine Street

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) J. M. Bredeck M. D.
 (Address).....

20. FILED OCT 29 1936 J. M. Bredeck
 Registrar.

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

