

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.

JAN 29 1937

43381

1. PLACE OF DEATH

County St. Louis
Township Jefferson
City Richmond Heights (No. 7331)

Registration District No. 1190
Primary Registration District No. 6248-H
Laveta Ave.

File No. _____
Registered No. 263
St. _____ Ward _____

2. FULL NAME

Mrs. Alice Howard

(a) Residence, No. 7331 Laveta Ave St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1936 to Nov. 3, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 - 1868

I last saw her alive on Nov. 3, 1936 Death is said to have occurred on the date stated above, at 6 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.
68 0 29

Cerebral Hemorrhage
Chronic Myocarditis

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. A.K HOME
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 _____

Other contributory causes of importance Psychosis type undetermined

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

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

MOTHER FATHER 13. NAME JAMES THOMPSON

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

15. MAIDEN NAME ALICE POTTEGER

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

17. INFORMANT JOSEPH W. THOMPSON
(ADDRESS) 7331 LAVETA AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE NEW HAVEN KY DATE 11/4, 1936

19. UNDERTAKER ARTHUR J. DUNNELLY
(ADDRESS) 3840 GINGEL BLVD

20. FILED Nov. 4, 1936 Sarah A. Bassett, M. D.
Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19____
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. A. Lembeck M. D.
(Address) 607 N. Grand Blvd
St. Louis, Mo

1936
1868
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