

WRITE PLAINLY, WITH ENFADING 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.

JAN 10 1936

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

Do not use this space.

791  
1008

46712

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City..... St. Louis, Mo. (No. Barnes Hospital)..... File No.....  
Registered No. 12506..... Ward.....

2. FULL NAME Lee Francis Howland

(a) Residence, No. 7019 Stanley Ave. St. N.P. Ward. University City, Mo.  
(Usual place of abode) (If nonresident, give city or township 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 18, 1885.</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>51</u>	<u>0</u>	<u>3</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Buyer</u>			
	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.....			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 21st, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 14th, 1936, to December 21st, 1936

I last saw him alive on December 21st, 1936 Death is said to have occurred on the date stated above, at 12.20 A.M.

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

CARCINOMA OF CECUM.  
PSOAS ABSCESS CRT

Other contributory causes of importance:  
TERMINAL PNEUMONIA.

Date of onset 1936  
Oct 1936

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

FATHER

13. NAME Harvey B. Howland.

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

MOTHER

15. MAIDEN NAME Rosetta M. Cowen.

16. BIRTHPLACE (CITY OR TOWN)..... New York City.  
(STATE OR COUNTRY)

17. INFORMANT Mr. C. P. Howland.  
(ADDRESS) 7019 Stanley Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary Cem. DATE Dec. 23, 1936

19. UNDERTAKER Arthur J. Donnelly Undt. Co  
(ADDRESS) 3840 Lindell Blvd.

20. FILED DEC 22 1936 J. F. Bredeck  
Registrar.

Name of operation LAPAROTOMY FOR INT. OBST. Date of 8-15-36

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?..... 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 N.O.  
(Signed) J. R. Bradley..... M. D.  
(Address) Barnes Hospital

NOV 24 1944