

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

36097
Do not use this space.

1. PLACE OF DEATH **NOV 15 1937** **Sumner G Phillips Hospital** **791**
 (a) County Registration District No. **1003**
 (b) Township Primary Registration District No. **N Whittier**
 (c) City **Saint Louis** (d) Street No. **2601** St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. **life** (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME **Victor Howell**
 (a) Residence, No. **4521 Kennerly** St. **11**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **-----**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **-----**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 27, 1936**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 1 17
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) **Missouri Missouri**

FATHER 13. NAME **Nathaniel Howell**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Georgia Smith**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Evalyn Hilliard**
 (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Greenwood Cem.** DATE **10/18/37** 19.

19. FUNERAL DIRECTOR **S. Wade Und. Co.**
 (ADDRESS) **4202 Finney Ave.**

20. F. **OCT 18 1937** **J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 14** 19 **37**
 22. I HEREBY CERTIFY, That I attended deceased from **July 16**, 19 **37**, to **Oct. 14**, 19 **37**
 I last saw h. **im** alive on **Oct. 14**, 19 **37** Death is said to have occurred on the date stated above, at **11:40** m. **a.m.**
 The principal cause of death and related causes of importance were as follows:

Hydrocephalus Congenital Date of onset **7/16/37**

Other contributory causes of importance: **157a**

Name of operation Date of
 What test confirmed diagnosis **clinical** 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 **Shirley Thorne** M. D.
 (Signed) **Shirley Thorne** (Address) **2601 N Whittier**

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.

STATEMENT BY LICENSED EMBALMER

I, S. J. Watson, Licensed Embalmer No. 2698

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed S. J. Watson
Licensed Embalmer No. 2698

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)