

DEC 12 1938

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

37195  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **Frisco Hospital** St. **9522**  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**630 Floyd L. Howard**  
(a) Residence, No. .... St. **NR** **Neosho, Mo.**  
(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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Dona Howard</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>1896-4-1</b>				
7. AGE	YEARS <b>42</b>	MONTHS <b>7</b>	DAYS <b>-</b>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Section laborer</b>			
	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) <b>Mo.</b>				
FATHER	13. NAME <b>Abe Howard,</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Mo.</b>			
MOTHER	15. MAIDEN NAME <b>Viney Dunlap,</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Mo.</b>			
17. INFORMANT <b>Lawrence Doss,</b> (ADDRESS) <b>4048 Castleman Ave.</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Granby, Mo.</b> DATE <b>11/1/38</b>				
19. FUNERAL DIRECTOR (NAME) <b>Robert J. Ambruster</b> (ADDRESS) <b>Clayton Rd. at Concordia Lane</b>				
20. FILED <b>NOV 2 1938</b> <b>J. J. Bredeck</b> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/1/38**

22. I HEREBY CERTIFY, That I attended deceased from **10/29/38**, 19... to **11/1/38**, 19...  
I last saw h. **alive** on **11/1/38**, 19... Death is said to have occurred on the date stated above, at **2 P.** m.  
The principal cause of death and related causes of importance were as follows:  
**1) Ruptured appendix  
2) localized abscess  
3) Pyle pte. bits**

Other contributory causes of importance:  
**Terminal bronchitis pneumonia**

Name of operation **Exploratory lap** Date of **10/31/38**  
What test confirmed diagnosis? **Was there an autopsy?**

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 **Arthur C. Darrow** M. D.  
(Address) **4960 Larch**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SHOULD STATE

9522

9522

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Edward H. Bockhorst*

or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *Edward H. Bockhorst*

Licensed Embalmer No. 2502

P. O. Address St. Louis.

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.)

If this body is not embalmed, above space should be left blank.