

REC'D FEB 10 1939

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

791

1003

548

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.
 (b) Township..... Primary Registration District No.
 (c) City Saint Louis or (d) Street No. 4368a Enright Avenue St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred Unavailable (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lillie Howard

(a) Residence, No. 4368a Enright Avenue St. 179
 (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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIFE OF, OR ~~WIDOWED~~
~~HUSBAND~~ (OR) WIFE OF Harrison Howard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 3 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Taladega County
 (STATE OR COUNTRY) Alabama

FATHER 13. NAME Boyd Hunley

14. BIRTHPLACE (CITY OR TOWN) Shelby County
 (STATE OR COUNTRY) Alabama

MOTHER 15. MAIDEN NAME Millie-Unavailable

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

17. INFORMANT Harrison Howard
 (ADDRESS) 4368a Enright Avenue

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Washington Park DATE Jan. 19, 1939

19. FUNERAL DIRECTOR (NAME) Charles J. Gates
 (ADDRESS) 4107-09 Finney Avenue

20. FILED JAN 17 1939
J. P. Brudick
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-5- 1938 to January 12, 1939

I last saw h. er alive on January 12, 1939 Death is said to have occurred on the date stated above, at 10:10 A.M.

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

Cerebral Hemorrhage
Myocarditis, chronic

Date of onset

Other contributory causes of importance:

Name of operation None Date of.....What test confirmed diagnosis? Clinical Was there an autopsy? no

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.....

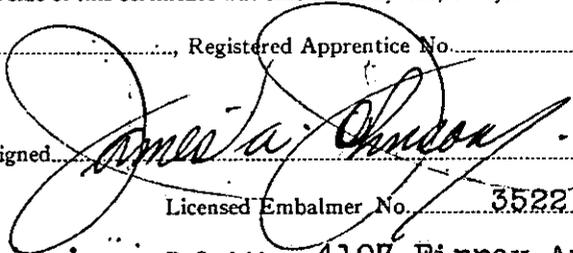
(Signed) H. A. Crittens, M. D.(Address) 3200 Lucas Avenue

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, or by.....

....., Registered Apprentice No.....
James A. Johnson
working under my personal supervision.

Signed.....



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.