

REC'D MAR 13 1939

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

5001
Do not use this space.

1694

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City..... St. Louis (d) Street No. Homer Phillips Hospital
(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 9 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 635 Matt Howard 2307a Franklin St. 21
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 18, 1894		
7. AGE	YEARS 44	MONTHS 3
	DAYS --	IF LESS than 1 day,hrs. ormin.
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) Mississippi		
FATHER	13. NAME	Henderson Howard
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Mississippi
MOTHER	15. MAIDEN NAME	unknown
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	unknown
17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier		
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 2-22-1939		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ellis Funeral Home 2820 Stoddard St		
20. FILED FEB 22 1939 J. B. Bredner Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1939, to Feb. 18, 1939

I last saw him alive on Feb. 18, 1939. Death is said

to have occurred on the date stated above, at 2:46 p. m.

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

Chronic suppurative mastoiditis
with acute exacerbation

Date of onset

2/2/39

Other contributory causes of importance:

Meningitis Non Epidemic
Bronchopneumonia

Name of operation..... 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) James Nozles, M. D.

(Address) 2601 N Whittier

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 myself

Lonnie Boykins, Registered Apprentice No. _____
working under my personal supervision.

Signed Lonnie Boykins
Licensed Embalmer No. 2946
P. O. Address Louis Mo.

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.