

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3854 A FOLSOM AV. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether In this community years, months or days) 12 YEARS

3. (a) PRINT FULL NAME MARY HOWELL

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife ROBERT HOWELL 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOVEMBER 18-1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>7</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace UNK. ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business OWN.

MOTHER FATHER
 { 12. Name UNK. KORIS
 { 13. Birthplace UNK. ILL.
(City, town, or county) (State or foreign country)
 { 14. Maiden name UNK. UNK.
 { 15. Birthplace UNK. UNK.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary J. Howell
 (b) Address 3854 A Folsom av.

17. (a) BURIAL (b) Date thereof JUNE 27-39
(Burial, cremation, or removal) (Month), (Day) (Year)

(c) Place: burial or cremation GRENVILLE ILL.

18. (a) Signature of funeral director E. J. Schmur
 (b) Address 3125 Lafayette av.

19. (a) JUN 27 1939 (b) _____
(Date of registration) (Registrar's name)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
 (c) City or town ST. LOUIS 1117
(If outside city or town limits, write "RURAL")
 (d) Street No. 3854 A FOLSOM AV.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26th day
1939 year 3 hour 1:58 minute 18 A. M.

21. I hereby certify that I attended the deceased from June 26 39
June 26 39 to June 26 39
 that I last saw him alive on June 26 39
 and that death occurred on the date and hour stated above.

Immediate cause of death, Chronic Myocarditis
 Duration 6 Mo

Due to Arterio Sclerosis

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: UNK.
 Of operations _____
 Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (a) Means of injury

23. Signature E. J. Schmur (M. D. or P.D.)
 Address 1537 Bernwood Date signed 6/26/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 x1911

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.....
working under my personal supervision.

Signed..... *Jos. B. Vollmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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.