REC'D AUG 11 1939

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

24379
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 6652

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Mo. (d) Street No. St. Louis Children's Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Howell, Frank 400
(a) Residence, No. New Bloomfield, Mo. St. N/R New Bloomfield 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 M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-4-1937
7. AGE Years 2 Months 0 Days 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Child
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) Denver, Colorado

FATHER
13. NAME Frank Howell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Bernice Tipton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) F. Horpeth 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bloomfield DATE 7-31 1939

19. FUNERAL DIRECTOR (NAME) Ray A. Holt
(ADDRESS) New Bloomfield Mo

20. FILED JUL 29 1939 J. T. Brubeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-2, 1939, to 7-27, 1939
I last saw him alive on 7-27, 1939. Death is said to have occurred on the date stated above, at 2:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leukemia	7-25-39
Hemorrhagic Septicemia	7-15-39

Other contributory causes of importance: Cerebral Hemorrhage

Name of operation None Date of
What test confirmed diagnosis? Blood Smears 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?
If so, specify
(Signed) Frank V. Coate, M. D.
(Address) 500 S. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

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 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 Albert E. Hoppe

Licensed Embalmer No. 2971

P. O. Address.....

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.