

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.

1939 AUG 7 1939

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

26875
Do not use this space.

1. PLACE OF DEATH
 (a) County ST. LOUIS Registration District No. 784
 (b) Township Jefferson Primary Registration District No. 117
 (c) City Webster Groves (d) Street No. 539 W Kirkham Registered No. 1202
 (e) Length of residence in city or town where death occurred 37 yrs. — mos. — ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME JAMES ADRAIN HOWZE
 (a) Residence, No. 539 W Kirkham St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna W Howze

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 2 —

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Manufacturer
 9. Industry or business in which work was done, as saw mill, bank, etc. Pharmaceutical
 10. Date deceased last worked at this occupation (month and year) July 1939 Total time (years) spent in this occupation 20

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waldhill, Mississippi
 13. NAME William D Howze
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

MOTHER
 15. MAIDEN NAME Elizabeth Benson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Mrs Edna Howze 539 W Kirkham St
 18. BURIAL, CREMATION, OR REMOVAL PLACE Walhall's Crematory July 7, 1939
 19. FUNERAL DIRECTOR (ADDRESS) Parker & Sons 211 N. 1st St. Webster Groves

20. FILED JUL - 7 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1939, to July 5, 1939
 I last saw him alive on July 4, 1939. Death is said to have occurred on the date stated above, at 10:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Myocarditis
93d
 Other contributory causes of importance:
Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis Biopsy 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? no
 If so, specify _____
 (Signed) J. J. Vallon M.D., M. D.
 (Address) 55 W. Big Bend Rd.

STATEMENT BY LICENSED EMBALMER

I, E. E. Aldrich, Licensed Embalmer No. 1332

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed E. E. Aldrich

Licensed Embalmer No. 1332

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.)