DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940

Registration District No. 701

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41560

10683

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH: 2

(a) County: St. Louis

(b) City or town: Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4212 St. Louis Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days): 75 years

In this community: 6 30

2. USUAL RESIDENCE OF DECEASED: 1

(a) State: Missouri (b) County: 1

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 11

(d) Street No.: 4212 St. Louis Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Edward F. Howard

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Mary B Howard

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: December (Month) 9 (Day) 1857 (Year)

8. AGE: Years 82 | Months — | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace: St. Paul, Minn. (City, town, or county) (State or foreign country)

10. Usual occupation: Undertaker

11. Industry or business: Undertaking 1

FATHER
12. Name: Joseph Howard
13. Birthplace: Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Russell
15. Birthplace: Ireland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Jos. F. Howard
(b) Address: 4212 St Louis Ave.

17. (a) Calvary Cemetery (Burial, cremation, or removal) Date thereof: Dec 11 1939 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Edw F Howard & Son
(b) Address: 4212 St Louis Ave

19. (a) DEC 14 1939 (Date received local registrar) (b) J. E. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1939 hour 6 minute 35 P.M.

21. I hereby certify that I attended the deceased from Oct 9, 39, 19__, to Dec 11, 1939, that I last saw him alive on Dec 11, 1939, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	2 days
Due to: Chr Nephritis	1 yr
Due to: Chr Myocarditis	1 yr
Other conditions (Include pregnancy within 3 months of death):	
Major findings: 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: John J. Kehoe (M. D. or other)
Address: 4145 St Louis Date signed 12/13/39

(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 Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.