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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **27210**
Registrar's No. **7106**

FILED SEP 25 1940
791

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Desloge Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 1907 Congress St.
(If rural, give location)

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

3. (a) PRINT FULL NAME William F. Howe

3. (c) Social Security No. 490-03-1735

8. (b) If veteran, name war _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dora Sparks

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Aug. 21, 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	11	29	hr. _____ min.

9. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Bottler

11. Industry or business Brewery

MOTHER FATHER

12. Name Henry Howe

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna Frey

15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Dora Howe

(b) Address 1907 Congress

17. (a) burial (b) Date thereof 8-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem

18. (a) Signature of funeral director John L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave

19. (a) AUG 23 1940 (b) [Signature]
(Date received for burial) (Date of death)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8-20-40 day _____
year _____ hour 4:10 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 8-8-40
19____ to 8-20-40 19____;

that I last saw him alive on 8-20-40 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac failure

Due to Myocardial pathology

Due to Auricular fibrillation

Other conditions 950
(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? _____

While at work? _____ (Specify type of place)

(e) Means of Injury _____

23. Signature Henry E. Oppenheimer (M. D. or other) MD

Address 1325 SOUTH GRAND BLVD Date signed 8-21-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Can blank sign

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.....

Licensed Embalmer No.....

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..