

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

MAILED OCT 25 1940

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:
5510 Cates, 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)
 In this community _____

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. 5510 Cates, Ave.,
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd
 year 1940 hour 5 minute 10 A. M.
 21. I hereby certify that I attended the deceased from June 15
 _____, 1939, to Sept 3, 1940
 that I last saw him alive on Apr 2, 1940
 and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME SINA L. HOWARD.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ralph H. Howard. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 12, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>2</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Zanesville, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name William Larzelere

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

14. Maiden name Rachel Grigaby.

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

16. (a) Informant C. W. McDonald.

(b) Address # 207 Roberta, Ferguson, Mo.

17. (a) Removal (b) Date thereof Sept. 4, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zanesville, Ohio

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar, Blvd.,

19. (a) _____ (b) _____
(Date received by Registrar) (Signature)

Immediate cause of death: Chronic Interstitial Nephritis
Hypertension
Auricular Fibrillation
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations: _____
 Of autopsy: _____

Duration

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 [Signature] (M. D. or other) 9/3/40

Address 203 Beaumont Rd Date signed 9/3/40

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

SEP 3 1940

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.