

RECEIVED OCT 25 1940

791

STANDARD CERTIFICATE OF DEATH

1003

State File No. 30449

Registrar's No. 7726

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
919 Iron St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days)  
In this community 13 yrs  
years, months or days

8. (a) PRINT FULL NAME William Howard

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 497-01-9638

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Clementine 6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased Aug 6th 1882  
(Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 4 If less than one day hr. min.

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

10. Usual occupation labor

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Monroe Howard  
13. Birthplace macon Miss  
(City, town, or county) (State or foreign country)  
14. Maiden name Henshitta Dangler  
15. Birthplace Knocksville County Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Nunn (NUNN)  
(b) Address 2212 Carr Street  
17. (a) Burial (b) Date thereof Sept 16th 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. Randle + son  
(b) Address 3133 Regency  
19. (a) SEP 16 1940 (b) J. P. Predecke  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 919 Iron Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10th  
year \_\_\_\_\_ hour 3:15 minute 0 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Due to Cerebral Sclerosis  
Due to Cerebral Sclerosis  
Other conditions Chronic Nephritis  
(include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 131

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) (c) Means of injury \_\_\_\_\_  
23. Signature Joseph H. Lee M. D. or other \_\_\_\_\_  
Address 1024 1/2 N. 1st St Date signed \_\_\_\_\_

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

**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

*S. J. Watson*

Licensed Embalmer No. *2498*

P. O. Address *2769 Chestnut*

**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.**