

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36338

State File No.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1976

1. PLACE OF DEATH: St. Louis
(a) County Koch
(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Robert Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 97 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Joseph Howard
3. (b) If veteran, name war World war
3. (c) Social Security No. 491-12-6351

4. Sex Male 5. Color or race W. G. 6. (a) Single, widowed, married, divorced Separated
6. (b) Name of husband or wife Aggie 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased July 3-1902
(Month) (Day) (Year)

8. AGE: Years 38 Months 3 Days 9
If less than one day hr. min.

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

10. Usual occupation Labon

11. Industry or business Lumber Coopers, Pipe

12. Name James Howard

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

14. Maiden name Julesa Rose

15. Birthplace St. South Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant St.

(b) Address

17. (a) Burial (b) Date thereof Oct 17th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Jefferson Barracks

18. (a) Signature of funeral director J. H. Randle

(b) Address 3133

19. (a) OCT 16 1940 (b) R. W. Polk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) any
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 17 S. 22nd St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. — years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 12
year 1940 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from March 9, 1940 to Oct. 12, 1940
that I last saw him alive on Oct. 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Duration 1 1/2 - 2 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pulmonary Tbc.

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 Means of injury

23. Signature R. W. Polk (M. D. or other)

Address Koch Date signed 10/12/40

Copy
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. *2698*

P. O. Address *2769 Chouteau*

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, fact should be so stated above.