

2-40  
-39  
K2313

**MAR 25 1941**  
Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis,**  
(c) Name of hospital or institution:  
**5217 Wells Ave.**  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **71 years.**

3. (a) PRINT FULL NAME **Edward W. Howard.**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **489-14-1675**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**  
6. (b) Name of husband or wife **Mary J. Howard.** 6. (c) Age of husband or wife if alive **69** years  
7. Birth date of deceased **Sept. 3, 1868**

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <b>72</b> | <b>5</b> | <b>13</b> | hr. min.             |

9. Birthplace **Carlinville, Ills.**

10. Usual occupation **Shipping Clerk.**

11. Industry or business **Rice Stix Dry Goods Co.**

MOTHER FATHER { 12. Name **Wm. Ed. Howard.**  
13. Birthplace **England.**  
14. Maiden name **Mary Walsh.**  
15. Birthplace **Ireland.**

16. (a) Informant **Mary Howard**  
(b) Address **5217 Wells Ave.**

17. (a) **Burial** (b) Date thereof **Feb. 19.41**  
(c) Place: burial or cremation **Calvary Cemetery.**

18. (a) Signature of funeral director **Harold Michael**  
(b) Address **1431 Union Blvd.**

19. (a) **FEB 18 1941** (b) **J. W. Bredeek**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **000**  
(c) City or town **St. Louis.**  
(d) Street No. **5217 Wells Ave.**  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **16.**  
year **1941** hour **9** minute **15 a.m.**

21. I hereby certify that I attended the deceased from **1-3-38**  
that I last saw him alive on **2-15-41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiovascular renal disease**  
Due to \_\_\_\_\_  
Due to **151**  
Other conditions \_\_\_\_\_

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

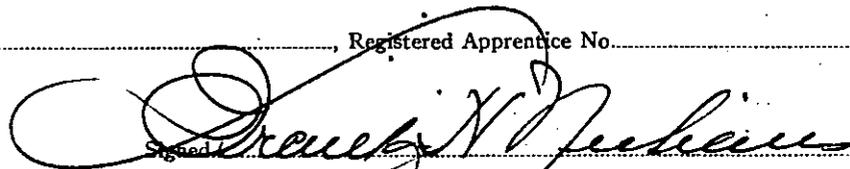
While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Harold Michael** (M. D. or other) **MD**  
Address **5424 N. Union** Date signed **2-17-41**

**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. 2915

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, fact should be so stated above.**