S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12534

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2964

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

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: Woodbine Hotel 509 Chestnut St (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 St Louis

(c) City or town Rural Bonhomme Township (If outside city or town limits, write "RURAL")

(d) Street No. Slyvan Beach NR (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country No Attending Physician

3. (a) PRINT FULL NAME Robert Howe

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ANN

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years abt. 41 Months Days If less than one day hr. min.

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

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name JAMES Howe
13. Birthplace (City, town, or county) ILL. (State or foreign country)

MOTHER
14. Maiden name MINNIE BARNES
15. Birthplace (City, town, or county) ARK. (State or foreign country)

16. (a) Informant Rex Howe

(b) Address Slyvan Beach St Louis Co.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/41 (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PK.

18. (a) Signature of funeral director Louis H Bopp Inc

(b) Address Kirkwood Mo.

19. (a) APR - 4 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1941 hour 2 AM minute 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.

	Duration
Immediate cause of death Aortic Stenosis	
Due to Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 92	
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? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Alfred G Perry (M. D. or other)

Address Ozark Corona Date signed 4/4/41

(Licensed Embalmer's Statement on Reverse Side)

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 John M Geyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, 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, fact should be so stated above.