

FILED JUL 21 1941 **791**

Registration District No. _____ Primary Registration District No. **1003**

Registrar's No. **4789**

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

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:
5838 Easton Ave. /
(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 **Mo.** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **617**
(d) Street No. **5838 Easton Ave.**
(If rural, give location) **9**
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Leah May Howard**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **8**
year **1941** hour **11** minute **50 A.M.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Charles Otto Howard** 6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **Mar. 8 1878**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan. 1940** to **June 8 1941**
that I last saw him **alive on June 7 1941**
and that death occurred on the **date** and hour stated above.

8. AGE: Years **63** Months **3** Days **0** If less than one day _____ hr. _____ min.

Immediate cause of death **Carcinoma of the cervix of uterus** Duration **3 yrs.**

9. Birthplace **Hannibal Mo.**
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **James A. Williams**

13. Birthplace **N.Y.**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Wallace**

15. Birthplace **N.Y.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Howard**

(b) Address **5838 Easton Ave.**

17. (a) **Burial** (b) Date thereof **6-11-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem. Drehmann-Harral**

18. (a) Signature of funeral director _____

(b) Address **1905 Union Blvd.**

19. (a) **JUN 9 1941** (b) **J. F. Bredek**
(Date local registrar) (Registrar's signature)

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 **0**

23. Signature **W. J. J. J.** (M. D. or other) _____

Address **634 N. QUAD** Date signed _____

1-12 P.M.
1110. Leicester Bell

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.....

A. W. Thompson
.....

Registered Apprentice No. *248*

working under my personal supervision.

Signed *R. W. Sanford*
.....

Licensed Embalmer No. *2273*

P. O. Address *St Louis*

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.