

BUREAU OF THE CENSUS
JUL 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20044

State File No.

Registrar's No.

4856

Registration District No. 1002

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark (b) County St R
(c) City or town Cotton Plant
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th
year 1941 hour 2:30 minute A M.
21. I hereby certify that I attended the deceased from May 27
_____, 19____, to June 11 19____
that I last saw h_____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Coma
Due to Chc Nephritis
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

Duration

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 _____
23. Signature W. Young (M. D. or other)
Address 2316 Maple Date signed 6/11/41

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

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Emma Howard 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Dec 16 1894
(Month) (Day) (Year)

8. AGE: Years 46 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Cotton Plant Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
12. Name John Howard
13. Birthplace Ark
(City, town, or county) (State or foreign country)
14. Maiden name Alena Doss
15. Birthplace S. C.
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Howard
(b) Address Cotton Plant Ark.
17. (a) Removed (b) Date thereof 6-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cotton Plant Ark.

18. (a) Signature of funeral director M. D. Dowell
(b) Address 1711 N. Taylor Ave
19. (a) JUN 11 1941 (b) J. H. Dulack
(Date received local registrar) (Registrar's signature)

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

JUL 9 1941

SEP 3 1941

SEP 4 1941

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.....

..... William C. McDowell, Registered Apprentice No.
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address.....

OK.
ESR

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.