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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 23229
Registrar's No. 5581

Registration District No. 791

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 79 days
(Specify whether _____)

In this community 22 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1012 N. Leffingwell
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Mary Howze

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1941 hour 12:10 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 14, 1941, to July 2, 1941;
that I last saw her alive on July 2, 1941,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Colored

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

6. (b) Name of husband or wife Thomas Howze

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

7. Birth date of deceased Unknown 1876
(Month) (Day) (Year)

Immediate cause of death Hydronephrosis
no stones

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

Duration 11 yrs.

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

about 65

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

10. Usual occupation housework

11. Industry or business at home

12. Name unknown

13. Birthplace unknown _____
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown _____
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Howze

(b) Address 1012 N. Leffingwell

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

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C.W. Roberts and Co

(b) Address 3035 Luecas ave

19. (a) JUL 7 1941 (b) J. T. Reddy
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature M. A. Sanders (M. D. or other) _____

Address 2601 N. Whittier Date signed 7/3/41

(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..... *Wm. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address..... *2649 Wilma*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.