

SEP 17 1941 91

Primary Registration District No.

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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:  
2305 S. 4th 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.....

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

(d) Street No. 2305 S. 4th St.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

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3. (a) PRINT FULL NAME Charles C. Howell

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dora Howell 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Dec. 29, 1874  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7th  
year 1941 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from 10-17-41  
1941 to Aug 7, 1941  
that I last saw him alive on Aug 7, 1941  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>7</u>	<u>8</u>	hr. min.

Immediate cause of death Paralysis of the stomach

Duration

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

10. Usual occupation Laborer

Due to.....

Due to.....

Other condition Chronic Myocarditis  
(Include pregnancy within 3 months of death)

11. Industry or business.....

MOTHER FATHER { 12. Name Henry W. Howell

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

14. Maiden name Mary Berridge

15. Birthplace W. Va.  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Dora Howell

(b) Address 2305 S. 4th St.

17. (a) Removal (b) Date thereof Aug. 8, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tolono Ill.

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?.....

18. (a) Signature of funeral director Weick Bros. Und. Co

(b) Address 2201 S. Grand Bl.

19. (a) AUG - 7 1941 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature J. F. Brudick (M. D. or other)  
Address 215 S. Broadway Date signed 8/7/41

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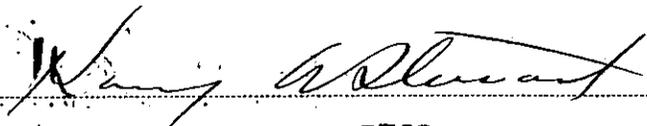
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**STATEMENT BY LICENSED EMBALMER**

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. 3722

P. O. Address. 412 Duchouquette St.

**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.**