No. 2
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33060

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8014

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: Missouri Baptist Hosp. O (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: 96

(a) State Missouri (b) County

(c) City or town Wellston N.R.O. (If outside city or town limits, write "RURAL")

(d) Street No. 6309 Julian (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME BABY HOWELL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 7 (Day) 1941 (Year)

8. AGE: Years | Months | Days | If less than one day hr. 30 min.

9. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Lynn Howell
13. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Clara Cummings
15. Birthplace St Clair (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mr. Lynn Howell

(b) Address 6309 Julian Wellston

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct (Month) 8 (Day) 1941 (Year)

(c) Place: burial or cremation Bethel Cem Pond Mo

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Bellevue Ill.

19. (a) OCT 7 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7th year 1941 hour am minute 30 M.

21. I hereby certify that I attended the deceased from Oct 7, 1941, to Oct 7, 1941; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Still born~~	
Due to Long hard labor excessive size	
Due to of baby causing birth injury	
Other conditions (Include pregnancy within 3 months of death)	
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

23. Signature Merle Bom (M. D. or other)

Address 1492 Hadlamont Date signed 10/7/41

(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.....

Licensed Embalmer No.....3880

P. O. Address.....

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

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