

No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

401

639

FILED FEB 24 1942 791

Registration District No. Primary Registration District No. 1003

Registrar's No.

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:.....
BARNES HOSPITAL
(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..... ST. LOUIS
(c) City or town..... W. VALLEY PARK
(If outside city or town limits, write "RURAL")
(d) Street No. 533 LEONARD AVENUE
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

96
NR 160

3. (a) PRINT FULL NAME.....
MARGARET ELIZABETH HOWE

3. (b) If veteran, name war..... None
3. (c) Social Security No. None

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

6. (b) Name of husband or wife..... John J. Howe
6. (c) Age of husband or wife if alive..... 56 years

7. Birth date of deceased..... April 28, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 8 23 hr. min.

9. Birthplace..... Pinkney Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... Henry Kleyboecker

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

14. Maiden name..... Amalie Black

15. Birthplace..... Warrenton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant.....
(b) Address..... Valley Park, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 1-23-42
(Month) (Day) (Year)
(c) Place: burial or cremation..... Calvary Cemetery

18. (a) Signature of funeral director..... C. Hoffmeister & Co.
(b) Address..... 7814 S. Broadway, St. Louis, Mo.

19. (a) FEB 20 1942 (Date received local registrar)
J. J. Braddock (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... January day..... 20
year..... 1942 hour..... 9 minute..... 30 A.M.

21. I hereby certify that I attended the deceased from.....
January 14 1942 to January 20 1942
that I last saw h.e. alive on..... January 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death..... Broncho-pneumonia Duration..... 2d.

Due to..... Brain Tumor

Due to..... 546

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

Major findings: Of operations..... Tumor of brain malignant

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..... J. J. Braddock (M. D. or other)
Address..... BARNES HOSPITAL Date signed..... 1/20/42

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 Richard G. Hoffmaster, Registered Apprentice No. 291 working under my personal supervision.

Signed

Edwin H. Leebinger

Licensed Embalmer No. 4589

P. O. Address 6764 Chippewa

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.