S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAR 17 1942

Registration District No. 291

Primary Registration District No. 1003

State File No. 4480

Registrar's No. 1135

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:
5659 Bartmer Ave.,
(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 600

(c) City or town St. Louis, 517
(If outside city or town limits, write "RURAL")

(d) Street No. 5659 Bartmer Ave. 9
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GEORGE E. HOWARD.

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Male.

5. Color or race White.

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

6. (b) Name of husband or wife Frone K. Howard.

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

7. Birth date of deceased Jan'y (Month) 20, (Day) 1858. (Year)

8. AGE:

Years	Months	Days	If less than one day
84.	0.	15.	hr. min.

9. Birthplace Wapella, (City, town, or county) Illinois. (State or foreign country)

10. Usual occupation Retired Steel Co., Executive

11. Industry or business Commonwealth Steel Corp.

FATHER
12. Name Blake C. Howard.
13. Birthplace (City, town, or county) New York. (State or foreign country)

MOTHER
14. Maiden name Sarah Sawyer.
15. Birthplace Cleveland, (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Blake C. Howard.
(b) Address 5290 Westminster Plc.,

17. (a) Entombment. (Burial, cremation, or removal) (b) Date thereof 2/6/1942. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Mausoleum.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address #7233 Delmar Boulevard.

19. (a) 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1942 hour 4 minute P M.

21. I hereby certify that I attended the deceased from 1932
, 19 , to ~~Feb~~ Death , 19 ;
that I last saw him alive on Feb. 3 , 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	1 day
Pneumonia edema	1 day
Due to Chronic asthma	40 yrs
Due to Myocardial failure	2 yrs
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 J K Alexander (M. D. or other)
Address 1695 Maryland Ave Date signed Feb 6 1942

(Licensed Embalmer's Statement on Reverse Side)

Dr Harry L. Alexander.
4952 Maryland
2-5 P.M.
PO-2910

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, Mo.

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.