

Registration District No. _____ Primary Registration District No. _____

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: **Deaconess 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 **Brentwood**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2433 High School Dr.**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Barbara Ann Howe**

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

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

6. (b) Name of husband or wife **Child** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb. 15 1941**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	1	0	7	_____ hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business _____

MOTHER FATHER { 12. Name **Russell C. Howe**

13. Birthplace **St. Louis Co. Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Marion Grueninger**

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

16. (a) Informant **Russell C. Howe**

(b) Address **Brentwood, Mo.**

17. (a) **Burial** (b) Date thereof **2-24-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Pauls Evang. Cemetery**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **FEB 24 1942** (b) **J. J. Bredbeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **22** year **1942** hour **7:20 a.m.** minute _____ M.

21. I hereby certify that I attended the deceased from **10/1/42** to **2/22/42** 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death _____ **Duration** _____

Due to **Tuberculous Meningitis non-pulmonary**

Due to _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature **J. J. Bredbeck** (M. D. or other) _____

Address **1308 E. 13th St.** Date signed _____

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

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..... *G. W. Wilkinson*
Licensed Embalmer No..... *3575*
P. O. Address.....

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.