7. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

25931

State File No. 7068

FILED SEP 1 1942

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's 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: Peoples Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12
(c) City or town St. Louis 9 11
(If outside city or town limits, write "RURAL")
(d) Street No. 4026 Evans Ave.
(If rural, give location)
(e) Citizen of foreign country? -- 0 (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Evelyn Howard

3. (b) If veteran, name war ---

3. (c) Social Security No. --

4. Sex Female 5. Color or race Negro 3

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Edward Howard

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased May (Month) 3rd. (Day) 1894 (Year)

8. AGE: Years 48 Months ~~2~~ 3 Days 17 If less than one day hr. min.

9. Birthplace Vildila (City, town, or county) Louisiana (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Washington
13. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Darkes McDowell
15. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

16. (a) Informant Jimmie Haney
(b) Address 4026 Evans Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave. St. Louis.

19. (a) AUG 24 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th. year 1942 hour 3 minute 08 P.M.

21. I hereby certify that I attended the deceased from 8/11/42, 1942, to August 20th., 1942 that I last saw her alive on August 20th., 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis 1 Yr

Due to 3/1

Due to 2/1

Other conditions Hypertension 1
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration

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 0

23. Signature W. H. Wilson (M. D. or other)
Address 3447 Pine Street Date signed 8/23/42

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 James A. Johnson, Registered Apprentice No. ....., working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.