V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28178

State File No.

FILED SEP 8 1942

Registration District No. 784 Primary Registration District No. Lee Registrar's No. 1745

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

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. Jan. 24, 1942 (Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4146 McPherson
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME William G. Howard
3. (b) If veteran, name war World War 1918
3. (c) Social Security No. 491-18-8877
4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced 0 Single
6. (b) Name of husband or wife -
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased October (Month) 28, (Day) 1896 (Year)

8. AGE:

Years	Months	Days	If less than one day
45	9	18	hr. min.

9. Birthplace Corning, (City, town, or county) Kansas / (State or foreign country)
10. Usual occupation Railway Express Guard
11. Industry or business
FATHER
12. Name James Howard
13. Birthplace (City, town, or county) Kentucky / (State or foreign country)
MOTHER
14. Maiden name Vita Lee
15. Birthplace (City, town, or county) Kentucky / (State or foreign country)
16. (a) Informant M. Schillig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof Aug 19, 42 (Month) (Day) (Year)
(c) Place: burial or cremation NATIONAL CEM
18. (a) Signature of funeral director C. Hoffmeister U & L Co
(b) Address 7814 S. Broadway
19. (a) AUG 19 1942 (Date received local registrar) (b) C. G. McGarran M.D. (Registrar's signature) 707

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th, year 1942 hour 10:30 minute a. M.
21. I hereby certify that I attended the deceased from January 24, 1942, to August 16, 1942, that I last saw him alive on August 16, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive and coronary arteriosclerotic heart disease, cardiac enlargement, myocardial damage and myocardial insufficiency.	Unknown
Due to 131	
Other conditions Nephritis, chronic, with generalized anasarca and uremia. (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations -
Of autopsy No 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 L. M. COCHRAN, M.D., (M. D. or other)
Address Chief Medical Officer. Date signed 8/17/42

(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 Lenus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadwa

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.