

FILED OCT 28 1942
Registration District No. **318**

Primary Registration District No. **1003**

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:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 1/2 hrs.
(Specify whether years, months or days)
In this community 13 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4267a N. 20th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Charles Howell

3. (b) If veteran, name war No 3. (c) Social Security No. 490-03-8559

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jesse Howell 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased December 5 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>10</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation Polisher
11. Industry or business St. Louis Screw Co.

12. Name Lisha Howell
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Tracy
15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Howell
(b) Address 4267a N. 20th

17. (a) Burial (b) Date thereof 10/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director D. F. Anderson
(b) Address 3934 N. 20th St.

19. (a) Oct 22 1942 (b) J. F. Anderson
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1942 hour 2:30 Am. M.

21. I hereby certify that I attended the deceased from Oct 21st
1942 to Oct 22 1942
that I last saw him alive on Oct 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage
Due to Hypertension arterial

Due to renal

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

Major findings:
Of operations renal

Of autopsy _____

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) (e) Means of injury

23. Signature Chas. A. Mellin (M. D. or other) _____
Address 2739 N. Grand Date signed 10-22-42

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

Alfred J. Boedeker

Licensed Embalmer No.

2663

P. O. Address

5934 Alpha

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.