

S. No. 2  
M-5-42  
5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35498**  
Registrar's No. **9426**

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 **St. Louis, Mo.**  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: **City Sanitarium 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8 yrs. 4 mos. 14 days**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

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. **4144 Gratiot**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **CHARLES HOWARD**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex **male** 5. Color or race **col.** 6. (a) Single, widowed, married, divorced, **single**  
6. (b) Name of husband or wife **single** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **About 1893**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov.** day **7**  
year **1942** hour **5:45** minute **A.** M.  
21. I hereby certify that I attended the deceased from **7-1-42**, 19\_\_\_\_, to **11-7-42**, 19\_\_\_\_;  
that I last saw h. **im** alive on **11-7-42**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years **About 49 yrs.** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace **Unknown Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Laborer**  
11. Industry or business \_\_\_\_\_  
12. Name **John Howard**  
13. Birthplace **Wipton Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Susie Menno**  
15. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)  
16. (a) Informant **D. Heggendorf**  
(b) Address **5800 Arsenal St.**  
17. (a) **Burial** (b) Date thereof **11-12-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Greenwood Cemetery**  
18. (a) Signature of funeral director **Chas. J. Gates**  
(b) Address **4107 Finney Ave.**  
19. (a) **NOV 12 1942** (b) **J. F. Budeck**  
(Date received local registrar) (Registrar's signature)

Immediate cause of death **CNS Syphiles 6-25-34x**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy **No**  
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 **J. F. Budeck** (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed **11-7-42**

13000  
17  
X 9

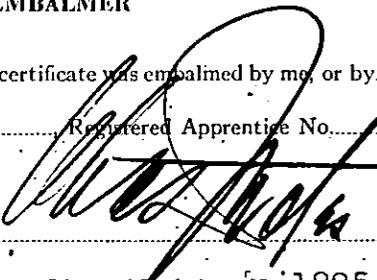
Duration

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.....  
..... Chas. J. Gates ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed.....  .....

Licensed Embalmer No. 1825.....

P.O. Address..... 4107 Finney Ave. St. L.....

**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.**