

S. No. 2
DM-5-42
ev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38878

State File No.

FILED JAN 13 1943

7003

Registration District No.

Primary Registration District No.

Registrar's No. 11006

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:
Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 Day
(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. 809 N. Grand Blvd
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT
FULL NAME

William Lee Howell

3. (b) If veteran, name war. World War 1
3. (c) Social Security No. 440-09-3260

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Helen Howell 6. (c) Age of husband or wife if alive. 41 years
7. Birth date of deceased. January 17 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 11 11 hr. min.

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

10. Usual occupation. Inspector

11. Industry or business. St. Louis Ordnance Dep't.

12. Name. George Howell

13. Birthplace. Missouri (City, town, or county) (State or foreign country)

14. Maiden name. Mary Cooley

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

16. (a) Informant. Helen Howell

(b) Address. 2132 Somerset Place Oklahoma City

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof. Jan 2 1943
(Month) (Day) (Year)

(c) Place: burial or cremation. Oklahoma City Oklahoma

18. (a) Signature of funeral director. Peetz Brothers

(b) Address. 3029 Lafayette Ave

19. (a) DEC 30 1942 (Date received local registrar) (b) J. J. Braden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. 28th day. December
year. 1942 hour. 10:35 minute. P. M.

21. I hereby certify that I attended the deceased from 19....., to 19.....;
that I last saw h..... alive on 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death. Pulmonary Oedema

Due to. Cardiac Hypertrophy

Due to. W.M.A.

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

Major findings: Of operations. 93

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. Alfred Cherry (M. D. or other).....

Address. Oklahoma Date signed. 12/30/42

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

FEB 10 1943

JUN 22 1954

JAN 22 1943

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 Frank J. O'Connell

Licensed Embalmer No. 7245

P. O. Address St Louis Mo

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.