

FILE FEB 4 1943 318 STANDARD CERTIFICATE OF DEATH 1003

State File No. ....

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 836

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
(Specify whether  
In this community 5 Days  
years, months or days)

3. (a) PRINT FULL NAME Baby Howell #2

3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Newborn  
6. (b) Name of husband or wife Newborn 6. (c) Age of husband or wife if alive Newborn years

7. Birth date of deceased January 19, 1943  
(Month) (Day) (Year)

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

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

10. Usual occupation Nil.  
Nil.

11. Industry or business

MOTHER FATHER { 12. Name John Howell Missouri  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name Estell Knight  
15. Birthplace Oklahoma  
(City, town, or county) (State or foreign country)

16. (a) Informant Ann P. Morrison  
(b) Address St. Louis City Hospital.

17. (a) City Crematory (b) Date thereof 1-28-43  
(Method, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Crematory  
18. (a) Signature of funeral director W. G. White  
(b) Address City Hospital No. 1

19. (a) Jan 27 1943 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 3414 Kosciusko  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23,  
year 1943 hour 5:25 minute P. M.

21. I hereby certify that I attended the deceased from January 19, 1943 to January 23, 1943;  
that I last saw him alive on January 23, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cremation Newborn  
Duration

Due to .....

Due to .....

Other conditions 157  
(Includes pregnancy within 3 months of death)

Major findings: Of operations .....

Of 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? .....

While at work (Specify type of place) (c) Means of injury .....

23. Signature [Signature] (M. D. or other) .....

Address 1515 Lafayette Avenue Date 1/25/43

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**