

FILED JUN 4 1943
Registration District No. _____

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, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 21 days
In this community 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 4215 Papin (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Johnny Howard

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex M 5. Color or Race Col. 6. (a) Single, widowed, married. Divorced, Widowed
6. (b) Name of husband or wife. Lessie Howard 6. (c) Age of husband or wife if alive. _____ years
7. Birth date of deceased. About 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt 63 hr. min.

9. Birthplace California, Mo. I
(City, town, or county) (State or foreign country)

10. Usual occupation Landscaper

11. Industry or business _____

MOTHER FATHER { 12. Name Harry Howard
13. Birthplace Tipton, Mo. I
(City, town, or county) (State or foreign country)
14. Maiden name Unk.
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Beaulter R Howard

(b) Address 4209 W Papin St.

17. (a) Burial (b) Date thereof 5- -43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Love, Thos. Co. I

(b) Address 3103 Washington Ave

19. (a) MAY 5 (b) J. J. Blodick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18,
year 1943 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from April 27, 1943 to May 18, 1943;
that I last saw him alive on May 18, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease

Due to _____

Due to _____

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

Major findings: Of operations _____

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 S. E. Smith (M. D. or other) _____
Address 2601 Whittier Date signed 5/18/43

Duration Unknown
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..... *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address: *4575 Aldine St*

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.