

REGD AUG 23 1943

Registration District No.

Primary Registration District No.

1003

7392

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:  
En Route to City Hospital # 3  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(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. 5923 A. Lotus Ave  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME..... James Howie

3. (b) If veteran, name war..... \*\*\*\*\* 3. (c) Social Security No. 492-05-7060

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

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

7. Birth date of deceased..... November 14 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
46 9 1 hr. min.

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

10. Usual occupation..... Bartender

11. Industry or business..... Laske's Tavern

MOTHER FATHER { 12. Name..... John L. Howie  
 13. Birthplace..... Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name..... Jennie Reese  
 15. Birthplace..... Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant..... John L. Howie  
 (b) Address..... Hannibal Missouri

17. (a) Removal (b) Date thereof..... Aug 16 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Hannibal Missouri

18. (a) Signature of funeral director..... Petz Brothers  
 (b) Address..... 3029 Lafayette Ave

19. (a) AUG 16 1943 (b) J. J. Bruck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... 15th day..... August  
 year..... 1943 hour..... 9:45 minute..... P. M.

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

Immediate cause of death.....  
Coronary Occlusion  
Cirrhosis of the Liver

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

Major findings:  
 Of operations.....  
 Of autopsy.....

Duration

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..... Thomas F. Collins (M.D. or other)  
 Address..... Deputy Coroner Date signed..... 8-16-43

STATE OF ILLINOIS  
DEPARTMENT OF HEALTH

1958  
8:2

CHICAGO ILL

1958

**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 W. E. Morris

..... Licensed Embalmer No. 3960

..... 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.**