

S. No. 2
M 43
5-17-39
I 235697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 13 1943 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 8572

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:
1702 Cass Avenue,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community 35 years
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. 1702 Cass Avenue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Mary Howell

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25
year 1943 hour 9:45 minute 00 A.M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced None

6. (b) Name of husband or wife Not Available

6. (c) Age of husband or wife if alive _____

7. Birth date of deceased: August 18, 1879
(Month) (Day) (Year)

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.

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

<u>64</u>	<u>1</u>	<u>7</u>	hr. _____ min.
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Immediate cause of death _____

Pulmonary Tuberculosis

Due to _____

Due to _____

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

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER {

12. Name Not Available

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

14. Maiden name Not Available

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Katherine Moose

(b) Address 4040 Sullivan Avenue

17. (a) Burial (b) Date thereof 9/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Grange, Mo.

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) SEP 28 1943 (b) J. E. Forester
(Date received local registrar) (Registrar's signature)

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 Alfred Perry (M.D. or other) _____
Address Richwood, Mo. Date signed 9/29/43

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

NOV - 4 1977

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 E. Bushholz

Licensed Embalmer No. 2110

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.