S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33206

FILED NOV 1 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9319

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:
St. Lukes Hospital
(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 St. Louis 96

(c) City or town Clayton 2
(If outside city or town limits, write "RURAL")

(d) Street No. # 16 Brentmoor Park. N.R.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CLARENCE H. HOWARD, Jr.

3. (b) If veteran, name war None. Employer's Social Security # 43-0330410

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

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

7. Birth date of deceased June (Month) 11th (Day) 1899 (Year)

8. AGE: Years 44 | Months 4 | Days 11 | If less than one day hr. min.

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

10. Usual occupation Estate Manager.

11. Industry or business C.H.Howard Co.

FATHER
12. Name Clarence H. Howard.
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Morey
15. Birthplace Brooklyn, (City, town, or county) N.Y. (State or foreign country)

16. (a) Informant Mrs. Betty Howard.
(b) Address # 16 Brentmoor, Park.

17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof 10/23/43 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Mausoleum.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) OCT 23 1943 (Date received local registrar) J.F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22 nd.
year 1943 hour 5:11 minute A. 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 Fracture of Skull Subdural Hemorrhage of Brain who he fell through a opening
Due to in the rear of the stage and the through a door into the
Due to alley in the rear of 3821 Lindell Blvd about 7:20 Pm

Duration

Other conditions 10-21-43
(Include 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) Accident
(b) Date of occurrence 10-21-43
(c) Where did injury occur? St Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? no (e) Means of injury fall

23. Signature Thomas F Callaway (M. D. or other)
Address Deputy Coroner Date signed 10-22-43

(Licensed Embalmer's Statement on Reverse Side)

SEP 27 1945

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City 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.