

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 28 1943
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

33207
State File No. _____
8949
Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

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:
2911 Lemp Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ 17 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Ethel Mae Howard
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased May 25th. 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 4 13 _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business home

MOTHER FATHER
12. Name Raymond Howard
13. Birthplace Sikeston Mo
(City, town, or county) (State or foreign country)
14. Maiden name Jessie Powers Howard
15. Birthplace Sikeston Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Powers Howard Knight
(b) Address 2911 Lemp Ave

17. (a) Burial (b) Date thereof Oct. 11th. 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial New St. Marcus

18. (a) Signatures of funeral director
(b) Address 6203 Gravois Ave
OCT 11 1943

19. (a) J. F. Pudek
(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. 2911 Lemp Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 7
year 1943 hour 2 minute P M.
21. I hereby certify that I attended the deceased from
9-1-1943 to 10-7-1943
that I last saw her alive on 10-6-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
tubercula bacilli
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 12
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) (e) Means of injury _____

23. Signature J. F. Jones (M. D. or other) MD
Address 3616 S. Judy Date signed 10-8-43

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

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: *John Goroski*.....

Licensed Embalmer No. *3398*.....

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.