V. S. No. 2
00M—2-43
ex. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40009

Registration District No. 318 — Primary Registration District No. 1003

Registrar's No. 10722

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 17 days (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town ~~St. Louis,~~ NR.
(If outside city or town limits, write "RURAL")

(d) Street No. 6205 Suburban Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Harrison Howard

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Lilla Howard

6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased Unavailable Abt. 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	76	--	--	hr. min.

9. Birthplace Talladega Co. Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unknown

FATHER
12. Name Frank Howard
13. Birthplace Unavailable Alabama
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Millie Unavailable
15. Birthplace Unavailable North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Millie Cameron
(b) Address 6205 Suburban Ave.

17. (a) Burial (b) Date thereof 12-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. L. Gates
(b) Address 4107 Finney Ave.

19. (a) DEC 6 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2,
year 1943 hour 1 minute 50 A. M.

21. I hereby certify that I attended the deceased from October 15, 1943 to December 2, 1943;
that I last saw him alive on December 2, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchiectasis	Unk.
Due to	
Due to	
Other conditions (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)
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature S. E. Smith (M. D. or other)
Address 360 Whittier Date signed 12/3/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Thomas J. Gates, Registered Apprentice No.....,

working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 407 Finney Ave

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.