

7. S. No. 2
DOM-5-43
Rev. 5-17-39
I 20671

State File No. 0

FILED FEB 14 1944
Registration District No. 377

Primary Registration District No. 3069

Registrar's No. 315

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Height
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

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

(d) Street No. 418 E. Adams
(If rural, give location)

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

3. (a) PRINT FULL NAME Fred E. Howell

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1944 hour 10:15 minute A M.

21. I hereby certify that I attended the deceased from May 1931 to Feb 4 1944
that I last saw him alive on Feb 4 1944
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Agnes Howell 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Dec 22 1870
(Month) (Day) (Year)

Immediate cause of death.....
Arteriosclerotic heart disease

Due to Hypertension

Due to.....

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

8. AGE: Years Months Days If less than one day
73 1 14 hr. min.

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....
93d

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Bldg Inspector

11. Industry or business City of Kirkwood

12. Name William Howell

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

14. Maiden name Amelia Rodgers

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

16. (a) Informant Mrs. Agnes Howell

(b) Address 418 E. Adams, Kirkwood

17. (a) Burial (b) Date thereof 2-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

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 Royal C. McLean M.D. or other.....
Address Kirkwood Mo. Date signed 2-7-44

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood, Mo.

19. (a) FEB 8 - 1944 (b) E. D. McHarran, M.D.
(Date received local registrar) (Registrar's signature)

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

96
8
3

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..... *Ken M. Spence*

Licensed Embalmer No. *4243*

P. O. Address: *1415 Zephyr Pl
Maplewood, N.J.*

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.