

FILED MAY 15 1944
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4224

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
920 A. Elliot
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL") 921

(d) Street No. 920 A. Elliot
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country..... 1 (Yes or No)

3. (a) PRINT FULL NAME Amanda Casey Howard

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or Race 3 Negro

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

6. (b) Name of husband or wife George

6. (c) Age of husband or wife if alive. 86 years

7. Birth date of deceased March 2, 1891
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day May
year 1944 hour 3 minute 20

21. I hereby certify that I attended the deceased from April 20, 1944, to May 3, 1944,
that I last saw h. er alive on May 3, 1944,
and that death occurred on the date and hour stated above.

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

53	2	3	hr. min.
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9. Birthplace Jefferson City Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Immediate cause of death Acute Asthma
hypertension

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

95

11. Industry or business

12. Name Henry Howard

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

14. Maiden name Unknown

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

16. (a) Informant Jessie Roland

(b) Address 4210 A. W. Cook Avenue

17. (a) Burial (b) Date thereof May 8, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Col. St.

19. (a) MAY 8 1944 J. F. Brueck
(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)

(e) Means of injury.....

23. Signature Dr. B. B. Baddock M. D. or other.....
Address 1003 31 Jeffersonville Date signed 5-10-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *H. Claude Gordon*

Licensed Embalmer No. *2489*

P. O. Address..... *45-75 Aldine*

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.