DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19821

Registration District No. 1048 — Primary Registration District No. 1003 — Registrar's No. 5262

FILED JUN 30 1944

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: 505 So. 23rd St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 45 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County 21 Aug 17 9

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

(d) Street No. 505 So. 23rd St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME SYLVESTER HOWELL

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE

5. Color or race Col

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

6. (b) Name of husband or wife LIZZIE HOWELL

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased 12 (Month) 5 (Day) 1879 (Year)

8. AGE: Years 64 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Starksville (City, town, or county) Miss (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Andrew Howell
13. Birthplace Starksville (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Ellen
15. Birthplace (City, town, or county) Miss (State or foreign country)

16. (a) Informant's own signature Annie Hamilton

(b) Address 505 So 23 St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-44 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. J. Watson

(b) Address 2769 Chouteau

19. (a) 6/9/44 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

JUN 9 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1944 hour 8 minute 35 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.

	Duration
Immediate cause of death Coronary Occlusion Arteriosclerosis	
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 Thomas F Callanan (M. D. or other)

Address Deputy Coroner Date signed 6/20/44

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 S. J. Watson

Licensed Embalmer No. 269 S

P. O. Address 2769 Houtea

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.