

FILED AUG 8 1944

Primary Registration District No. 1003

Registrar's No. 6694

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: None 4320 West Belle St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
In this community 32 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County None  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4320 W. Belle Pl.  
(If rural, give location)  
(e) Citizen of foreign country? None (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME John William Howell  
(b) If veteran, name war None  
(c) Social Security No. 492-03-0123

4. Sex Male 5. Color or race Colored  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Ella (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased: Oct. 31 1873  
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 27  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Columbia South Carolina  
(City, town, or county) (State or foreign country)

10. Usual occupation Hotel Door Man

11. Industry or business Sherdell Hotel

MOTHER FATHER  
12. Name William Howell  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Natho Wilson  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Frances G. White

(b) Address 6356 Devon Ave Chicago Ill

17. (a) Burial (b) Date thereof Aug 1 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director C. J. Nash

(b) Address 3847 Page Bldg

19. (a) JUL 31 1944 (b) Registrar's signature J. J. Bredebeck  
(Date received from Registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27  
year 1944 hour 7 minutes 15 A. M.

21. I hereby certify that I attended the deceased from July 26 to July 27  
1944 to 1944  
that I last saw him alive on July 27 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary Occlusion Duration \_\_\_\_\_

Due to Hypertension  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy with month 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 \_\_\_\_\_

3. Signature W. J. ... (M. D. or other) \_\_\_\_\_  
Address 3316 ... Date signed 7/28/44

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

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444

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 at  
3847 Page Blvd, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed

C. J. Stash

Licensed Embalmer No.

2430

P. O. Address

3847 Page

**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.**