

FILED JUL 31 1947
Registration District No. 2947

Primary Registration District No. 3063

State File No. _____

Registrar's No. 1551

1. PLACE OF DEATH:

(a) County St. Louis Clayton
(b) City or town St. Louis Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8501 Rempland Place.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 20 yrs. 7 (Specify whether
In this community 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Clayton 2
(If outside city or town limits, write "RURAL")
(d) Street No. 8501 Rempland Pl 3
(If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Myrtle Philomena Howard

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Aug 7 1901
(Month) (Day) (Year)

8. AGE: Years 42 Months 11 Days 13 If less than one day
hr. _____ min. _____

9. Birthplace East St. Louis Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Milton Smith
13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Duke
15. Birthplace East St. Louis Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Howard
(b) Address 8501 Rempland
17. (a) Removed (b) Date thereof 7-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis Ill

18. (a) Signature of funeral director Dora Nialerfeld
(b) Address East St. Louis Ill
19. (a) JUL 21 1947 (b) E. J. McLaughlin, Jr.
(Date received local referral) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1944 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 28
1944 to July 20 1944
that I last saw her alive on July 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema
Due to Chronic myocarditis with myocardial degeneration
Due to _____

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

Major findings: Of operations _____
Of autopsy 970
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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 2
Signature Robert H. Meadows (M.D. or D.V.M.)
Address 20 So Clayton Date signed 7-20-44

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

96
26
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 Howard P. Rowland
Licensed Embalmer No. 3114
P. O. Address O. Harris, T.

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.