

FILED NOV 13 1944
318

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 9178

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Isolation Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 hrs & 15
minutes. (Specify whether
In this community _____
years, months or days) 0 Minutes.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 2010 Crittenden St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sharon June 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 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 3rd 1944.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 26 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Unknown.

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

14. Maiden name Bertha Lucille Howard.

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

16. (a) Informant Stella Grady.

(b) Address 5600 Arsenal St.

17. (a) Burial. (b) Date thereof Oct 30 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave

19. (a) OCT 30 1944 (Date received local registrar) (b) J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29
year 1944 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from 10/29/44
19____, to 10-29/44 19____.

that I last saw her op. alive on 10/29 19____.

and that death occurred on the date and hour stated above.
Immediate cause of death Peritonis
Broncho pneumonia
Diphtheria
Malnutrition

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature J. M. ... (M. D. or other) _____
Address 5600 Arsenal Date signed 10/29

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

10
17
9

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 3454
....., Registered Apprentice No.....
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.