

FILED MAY 12 1945  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:  
4718 Page Bl.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 5 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 011  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4718 Page Bl.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Helen Howard

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female? 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased July 24 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 9 0 hr. \_\_\_\_\_ min.

9. Birthplace ? Miss. s. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business \_\_\_\_\_

12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Susie Jones  
15. Birthplace ? Miss. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Van Williams  
(b) Address 1817 Papin St.

17. (a) Burial (b) Date thereof April 28, 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

Place: burial or cremation Washington Park

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

(b) Address 2620-31 Cole Street

19. (a) APR 27 1945 (b) J. F. French  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24  
year 1945 hour 7 minute 15 P. 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.

Immediate cause of death \_\_\_\_\_

Due to Cerebral Apoplexy

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 82 a!

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (c) Means of injury 3

23. Signature Patricia E. French (M.D. or other) 4/27/45

Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 W. C. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 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.**