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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15215**

4455

FILED MAY 26 1945

Registration District No. **318**

Primary Registration District No. _____

Registrar's No. _____

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17
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
1511 Carr Lane
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

3. (a) PRINT FULL NAME **Hannah Howard**

3. (b) If veteran, name war _____

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Zede**

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased **SEPT 23 1863**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	7	26	hr. _____ min.

9. Birthplace **Jackson Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

12. Name **Henry Mogler**

13. Birthplace **Jackson Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Freida Meyer (Daughter.)**

(b) Address **1511 Carr Lane**

17. (a) **Burial** (b) Date thereof **May 21 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cem.**

18. (a) Signature of funeral director **Wm. J. Robert L&U. CO**

(b) Address **1905 South Grand Blvd.**

19. (a) **MAY 21 1945** **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1009**

(a) State **Missouri** (b) County _____

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

(d) Street No. **1511 Carr Lane**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **19** th
year **1945** hour **1** minute **30** P.M.

21. I hereby certify that I attended the deceased from **1940**
19 _____ to **May 19** 1945
that I last saw him alive on **May 19** 1945
and that death occurred on the date and hour stated above.

Immediate cause of death **acute leukemia**

Due to _____

Due to _____

Other conditions **Cerebral Embolism**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **no**

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 _____

23. Signature **Stephen Veyan** (M. D. or other) _____
Address **15040 Grand** Date signed **5/21/45**

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..... *Ronald O. Yarbucke*

Licensed Embalmer No. *3917*

P. O. Address *St. Louis*

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.