S. No. 2
M—8-43
7. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21268

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1687

1. PLACE OF DEATH:

(a) County St. Louis, Co.
(b) City or town Rural, ~~Normandy~~ Welston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Vincent's institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 2 mo. 25 da. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis, Mo (b) County ~~St. Louis~~
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Maple + Hamilton
(If rural, give location)
(e) Citizen of foreign country? No. 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Howe, Miss Josephine, R.
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 10-1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	2	23	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name Domineck Howe
13. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Bridget Newport
15. Birthplace (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Mr. John F. Howe, brother
(b) Address Hamilton Hotel, St. Louis
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd
19. (a) 7-5-45 (Date received local registrar) (b) P. G. McGovern (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1945 hour 11 minute P. M.
21. I hereby certify that I attended the deceased from May 7, 1944, to July 2, 1945 that I last saw her alive on July 2, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CARDIAC FAILURE	
Due to HYPERTENSIVE HEART DISEASE	93d 8 YRS.
Due to GENERALIZED ARTERIOSCLEROSIS	
Other conditions SENILE PSYCHOSIS (Include pregnancy within 3 months 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

23. Signature P. E. Kutitschek (M. D. or other) M.D.
Address ST. VINCENT'S SAN. Date signed 7-2-45

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.