

FILED SEP 4 1945

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **2091**

1. PLACE OF DEATH:
 (a) County **St Louis**
 (b) City or town **Rock** (Rural)
 (c) Name of hospital or institution: **Robert Koch**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **47 days**
 In this community **45** years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **000**
 (c) City or town **St Louis**
 (d) Street No. **4246 W. Page**
 (e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Ora Sanders Howard**
 3. (b) If veteran, name war **-**
 3. (c) Social Security No. **-**

20. DATE OF DEATH: Month **8** day **19**
 year **45** hour **10** minute **35 P** M.
 21. I hereby certify that I attended the deceased from **6** 19**45** to **8-19** 19**45**
 that I last saw him alive on **8-19** 19**45**
 and that death occurred on the date and hour stated above.

4. Sex **m** 5. Color or race **n**
 6. (a) Single, widowed, married, divorced **widower**
 6. (b) Name of husband or wife **-**
 6. (c) Age of husband or wife if alive **91** years

Immediate cause of death **Pulmonary Tuberculosis**
 Due to **136**
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy **Pulmonary Tuberculosis & Intestines**

8. AGE: Years **54** Months **6** Days **15**
 9. Birthplace **Tipton Mo**
 10. Usual occupation **laborer**

11. Industry or business
 12. Name **Marion Howard**
 13. Birthplace **Mo**
 14. Maiden name **Julia**
 15. Birthplace **Mo**

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?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant **Hospital Record**
 (b) Address **Rock Hospital, Rock, Mo**
 17. (a) **Burial** (b) Date thereof **8-27-45**
 (c) Place: burial or cremation **Washington Park**
 18. (a) Signature of funeral director **Chas. J. Gates**
 (b) Address **4107 Finney Ave.**
 19. (a) **8/27/45** (b) **C. H. McFarland**

23. Signature **Raymond Engelman**
 Address **Rock, Mo** Date signed **8/23/45**

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

SEP 25 1945

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.....

..... Thomas J. Gates, Registered Apprentice No.
working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.