V. S. No. 2
00M—5-43
Rev. 5-17-39
No. I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39302

FILED JAN 5 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11192

1. PLACE OF DEATH:

(a) County --

(b) City or town St. Louis City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Bond

(c) City or town Greenville
(If outside city or town limits, write "RURAL")

(d) Street No. Vine
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ROBERT RILEY HOWE

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex M

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cleo Howe

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June (Month) 15 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
62	6	3	hr. min.

9. Birthplace Olney, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Minister of Gospel

11. Industry or business

FATHER
12. Name Eli Howe
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Adamson
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Cleo Howe
(b) Address Greenville, Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Greenville, Illinois

18. (a) Signature of funeral director Olyne E. Bass
(b) Address Greenville, Illinois

19. (a) DEC 20 1945 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18 year 1945 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from Nov. 23, 1945, 19__, to Dec. 18, 1945, that I last saw him alive on Dec. 18, 1945, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Generalized arteriosclerosis

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F. R. Bradley (M. D. or other)

Address Barnes Hospital, Date signed 12-18-45

(Licensed Embalmer's Statement on Reverse Side)

No embalment

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.....

Licensed Embalmer No.....

P. O. Address.....

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.