S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39303

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 11389

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: 2344 S. 18th ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2344 S. 18th ST.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William J. HOWE
3. (b) If veteran, name war NO
3. (c) Social Security No. 488-05-0070
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife OLIVIA HOWE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased AUGUST 19 1877 (Month) (Day) (Year)
8. AGE: Years 68 Months 4 Days 4 If less than one day hr. min.
9. Birthplace STEELVILLE (City, town, or county) MO (State or foreign country)
10. Usual occupation COOPER.
11. Industry or business
MOTHER FATHER
12. Name WILLIAM J. HOWE
13. Birthplace KEYSVILLE (City, town, or county) MO (State or foreign country)
14. Maiden name CYNTHIA WARREL
15. Birthplace PENN (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Olivia Howe
(b) Address 2344 S. 18th ST.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 27-45 (Month) (Day) (Year)
(c) Place: burial or cremation NEW SS. PETER + PAULS CEM
18. (a) Signature of funeral director E. J. Schmuse
(b) Address 3125 Lafayette Av
19. (a) DEC 26 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 23 day 23 year 1945 hour 10 minute 45 p.m.
21. I hereby certify that I attended the deceased from Dec 23 1945 to Dec 23 1945 that I last saw him alive on Dec 22 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration 2 hr
Due to
Due to
Other conditions (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 (M. D. or other) MD
Address 1803 Date signed 1/4/46

(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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address St Louis Mo

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.