17081

. No. 2
4—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 5 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 141 Primary Registration District No. 5594 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural, Eureka, R. 1. MERAMEC
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None La Barque Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 60-years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town Rural, Eureka, R.R. 1. 0
(If outside city or town limits, write "RURAL")

(d) Street No. La Barque Road 0
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Howald

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Hanka Marie Howald

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

7. Birth date of deceased Aug. (Month) 8 (Day) 1853 (Year)

8. AGE: Years 92 Months 9 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace ? (City, town, or county) Michigan (State or foreign country) 1

10. Usual occupation Retired.

11. Industry or business On farm

MOTHER FATHER

12. Name John Howald

13. Birthplace ? (City, town, or county) Switzerland (State or foreign country)

14. Maiden name Unknown

15. Birthplace ? (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Herbert J. Howald

(b) Address Eureka, Mo. R.R. -1.

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof May (Month) 17 (Day) 1946 (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin Mo.

19. (a) May 15 1946 (Date received local registrar) (b) Mrs J. G. Huckels (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1946 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb 23 1943 to May 14 1946 that I last saw him alive on May 13 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	10 yr.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Terminal hypostatic Right lobe pneumonia	1 day.
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address Eureka Mo. Date signed 5-15-46.

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 6-4-46

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 Geo. Schrader

Licensed Embalmer No. 3066

P. O. Address Baldwin, 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.