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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21856

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5191

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4452 VISTA AVE 1
(If not in hospital or institution, write street number or location)

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

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. 4452 VISTA AVE
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HIRAM HOW

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife Isabella

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Jan (Month) 5 (Day) 1863 (Year)

8. AGE: Years 83 Months 5 Days 5 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Hydraulic Press Brick Co

FATHER
12. Name John How
13. Birthplace England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name May Harris
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant Walter F Hiram
(b) Address 4452 Vista Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 12 (Day) 46 (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway

19. (a) JUN 11 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 10 year 1946 hour 7:15 AM minute M.

21. I hereby certify that I attended the deceased from Feb, 1928, to June 10 1946 that I last saw him alive on June 9 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Endocarditis	5 yrs
Due to	
Due to	
Other conditions Arterial Sclerosis (Include pregnancy within 3 months of death)	5 yrs

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 N. Gustave Dahms (M.D. or other)
Address 1452 So Grand Date signed 6-10-46

(Licensed Embalmer's Statement on Reverse Side)

Dr Dalmus
1452 So. Grand

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 Edwin D. McDermott

Licensed Embalmer No. 3024

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.