S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

24211

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 22 1946

State File No. 25861

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6179

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:
1307 Biddle St.
(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 601

(c) City or town St. Louis 97
(If outside city or town limits, write "RURAL")

(d) Street No. 1489A Laurel Ave. 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Charles O. Howard

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Pearl Howard

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Aug. (Month) 18 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	10	22	hr. min.

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

10. Usual occupation Salesman

11. Industry or business Kraun Fish Co.

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Pearl Howard
(b) Address 1489A Laurel Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) JUL 13 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1946 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from May 7, 1946, to , 19 ,
that I last saw him alive on May 27, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	10 yrs
Due to	
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	6 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 P. S. Neuse Mill (M. D. or other)
Address 462 No Taylor Date signed 7/12/46

(Licensed Embalmer's Statement on Reverse Side)

462 N. Taylor Ave.

12:30 to 4 Friday

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 Albert R. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.