

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pine Crest Nursing Home 4
(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)

3. (a) PRINT FULL NAME John Joseph Howard

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 22 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 0 24 hr. min.

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

10. Usual occupation Bookkeeper

11. Industry or business _____

12. Name Thomas Howard

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

14. Maiden name Mary Louise Barnes

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

16. (a) Informant Mrs. Mary Biggs

(b) Address 5760 East Vivian Ave.

17. (a) Burial (b) Date thereof 11-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 3320 N. Kingshighway Blvd.

19. (a) 11-18-46 (b) Ruth G. Leonard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis (b) County St. Louis
(c) City or town Ballwin
(If outside city or town limits, write "RURAL")
(d) Street No. Pine Crest Nursing Home Rural
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1946 hour 1 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 10 1946
to Nov 16 1946
that I last saw him alive on Nov 16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial
degeneracy & atherosclerosis

Due to chronic arteriosclerosis

Due to Carcinoma of Throat

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature G. P. Martin M.D. (M. D. or other) _____

Address 3507 Paloma Date signed 11-16-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Fred Frick*.....

Licensed Embalmer No.....3186.....

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.