

Registration District No. **367**

Primary Registration District No. **6076**

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Normandy, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mother Good Counsel Home 5
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 7 years
years, months or days

3. (a) PRINT FULL NAME Ann Howe
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Jerry Howe
 6. (c) Age of husband or wife if alive deceased years
 7. Birth date of deceased January 2 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 10 2 hr. _____ min.

9. Birthplace Carlo Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 { 12. Name Unknown Cody 11
 { 13. Birthplace Carlo Ireland 4
(City, town, or county) (State or foreign country)
 { 14. Maiden name Unknown
 { 15. Birthplace Carlo Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant 5006B Northland Ave.

(b) Address Burial 11/5/46

17. (a) (Burial, cremation, or removal) Burial **(b) Date thereof** 11/5/46
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mark Tiernan

(b) Address 6100 W. Florissant

19. (a) 11-7-46 **(b) Ruth J. Allen M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis 96
 (c) City or town St. Louis 0
(If outside city or town limits, write "RURAL")
 (d) Street No. 6825 Nat'l Bridge Rd. 5
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11- day 2nd
 year 1946 hour 7: minute 10 P.A.M.

21. I hereby certify that I attended the deceased from 6/24/1946
10/24, 1946 to 10/24/, 1946
 that I last saw her alive on 10/24/46, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myo-cardial decompensation
 Due to Myo-carditis Endo-carditis
Mitral insufficiency
 Due to Generalized Arterio-sclerosis
Hypertension Diabetic melitis
 Other conditions Sanility
(Include pregnancy within 3 months of death)

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

Major findings: Of operations None 61
 Of autopsy None

Died in the home of the incurables

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)
 (c) Means of injury _____
23. Signature Subst. J. M. O. (M. D. or other) _____
 Address 3734 Jennings St. Date signed _____

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

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 Mark Lierson

Licensed Embalmer No. 4174

P. O. Address 6100 W. Florissant

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.