

FILED JAN 7 1947 318  
Registration District No.

Primary Registration District No. 1003

State File No. 10973  
Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3937 Kennerly Ave.  
(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 Stephen John Howland

3. (b) If veteran, name war No 3. (c) Social Security No. 486-24-3160

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased April 17, 1909  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>8</u>	<u>2</u>	_____ hr. _____ min.

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

10. Usual occupation Stenographer

11. Industry or business Ely Walker Dry Goods Co.

12. Name George M. Howland

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

14. Maiden name Isabel Hogan

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

16. (a) Informant Mrs. Isabel Howland

(b) Address 3937 Kennerly Ave.

17. (a) Burial (b) Date thereof Dec. 23, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Paschedag-Henke

(b) Address 2825 N. Grand Blvd.

19. (a) DEC 21 1946 (b) J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3937 Kennerly Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19th  
year 1946 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from 8-6-1946 to 12-19-1946  
that I last saw him alive on 12-19-1946  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cerebral Metastasis</u>	
Due to <u>Multiple Neurofibromatosis</u>	
Due to <u>?</u>	

Other conditions Hypertension, Malignant  
(Include pregnancy within 6 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 5H

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 Nicholas J. White (M. D. or other) \_\_\_\_\_  
Address 3861 3/2 Ave Date signed 12/20/46

**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 *W. W. Wilkinson*

Licensed Embalmer No. *3575*

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.**