

State File No. 11005
 Registrar's No. 2107

Registration District No. 318 Primary Registration District No. 1003

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

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:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3507 Shenandoah Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
 year 1947 hour 11 minute 50 P. M.
 21. I hereby certify that I attended the deceased from 9-9-46
 _____, 19____, to death, 19____;
 that I last saw him alive on 28 Mar, 1947
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased February 5 1889
(Month) (Day) (Year)

Immediate cause of death Carcinoma of bile ducts ?
 Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>1</u>	<u>23</u>	hr. _____ min. _____

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

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

Major findings:
 Of operations as above
 Of autopsy _____

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

10. Usual occupation Maintenance Mechanic
 11. Industry or business _____
 12. Name Charles Howard
 13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Hattie Ridgley
 15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Charles Howard, Jr.
 (b) Address 3507 Shenandoah Ave.
 17. (a) Burial (b) Date thereof 3-31-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New SS Peter & Paul Cemetery

While at work? _____
(Specify type of place)
 (c) Means of injury _____
 23. Signature Fabian J. Burke (M. D. or other) M.D.
 Address 5203 Chippewa Date signed 3-29-47

18. (a) Signature of funeral director Weick Bro. Und. Co.
 (b) Address 2201 S. Grand Bl.
 19. (a) MAR 31 1947 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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.....

..... James R. Dunn, Registered Apprentice No. 403,
working under my personal supervision.

Signed Wm. A. Dewar

Licensed Embalmer No. 3722

P. O. Address 2201 S. Grand Bl.

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.