

FILED APR 27 1947

Registration District No. 377

Primary Registration District No. 3069

Registrar's No. 741

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Habitat Groves Richmond  
(If outside city or town limits, write "RURAL" and name of town)  
(c) Name of hospital or institution: St. Marys Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3-27 to 3-29  
(Specify whether years, months or days) 15 years  
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town Habitat Groves  
(If outside city or town limits, write "RURAL") 19  
(d) Street No. #4 Mrs Place  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Sea Burch Howe Sr

3. (b) If veteran,

name war no

3. (c) Social Security

No. 715-10-3826

4. Sex MD

5. Color or race W

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

6. (b) Name of husband or wife Glorance Howe

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Nov 5 1893  
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 24  
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Groceries & Meats

12. Name Clark Howe

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

14. Maiden name Janina Price

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

16. (a) Informant Glorance Howe

(b) Address 4 Mrs Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 1 47 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Director of General Home

(b) Address 23 W. Lockwood, White House Mo

19. (a) 4-1-47 (Date received local registrar) (b) Paul J. Hall MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 29 year 1947 hour 1 minute 00 a.m.

21. I hereby certify that I attended the deceased from Nov. 27 1947 to Nov. 29 1947

that I last saw him alive on Nov. 29 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular  
Due to 1246

Duration (5)

Other conditions (Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature E. J. Vellon (M. D. or other) MD  
Address 53rd Big Bend Date signed 3/31/47

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

3066

---

---

**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 Ken M. Sizemore

Licensed Embalmer No. 4343

P. O. Address 7415 30th St. N. Maplewood 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.**