. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 21 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15200
3775

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)
In this community 14 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 2 / 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2102 Biddle St 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Howard
3. (b) If veteran, name war
3. (c) Social Security No. 487-18-1716.

4. Sex Male 2
5. Color or race negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mattie
Mattie Howard.
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased 7 (Month) 30 (Day) 1889 (Year)

8. AGE: Years 57 Months 8 Days 8 If less than one day hr. min.

9. Birthplace LA. (City, town, or county) (State or foreign country)
10. Usual occupation Labor
11. Industry or business Labor

MOTHER FATHER
12. Name unknown.
13. Birthplace unknown. 9 (City, town, or county) (State or foreign country)
14. Maiden name unknown.
15. Birthplace unknown. 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mattie Howard.
(b) Address 2102 A Biddle.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Davis & Broom.
(b) Address 1405 Biddle St city, Mo.
19. (a) APR 9 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1947 hour 3 minute 5 A.M.
21. I hereby certify that I attended the deceased from 3-30, 1947, to 4-8, 1947, that I last saw him alive on April 8, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculous Pneumonia	Undet.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): None	
Major findings: Of operations	
Of autopsy: Yes	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Edwin B. Williams (M. D. or other)
Address 3601 N Whittier Date signed 4/9/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. L. Howell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble St.

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.