S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 9 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19612

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 1068

96
8
3

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State St. Louis (b) County 96
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 280 N Skinker
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Ella
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased July (Month) 28 (Day) 1878 (Year)

8. AGE: Years 68 Months 9 Days 24 If less than one day hr. min.

9. Birthplace Hurra (City, town, or county) Ind (State or foreign country)
10. Usual occupation Architect
11. Industry or business
FATHER
12. Name John C. Howard
13. Birthplace (City, town, or county) Ind (State or foreign country)
MOTHER
14. Maiden name Nellie Ward
15. Birthplace (City, town, or county) Ky (State or foreign country)
16. (a) Informant H. E. Howard
(b) Address 4476 W. Pine
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Churchyard
18. (a) Signature of funeral director Cullen Kelly
(b) Address 4386 Lindell
19. (a) 5-27-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1947 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 4 1947 to May 25 1947; that I last saw him alive on May 25 1947 and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial failure
Due to Shock
Due to Post-operative
Other conditions Cancer of large bowel (sigmoid)
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

46E

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

23. Signature Daniel L. Sexton (M. D. ~~or other~~)
Address 607 N. Grand Ave Date signed 5/26/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEXTON UNC.B.934

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 James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.