V. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40409

FILED NOV 25 1947

Registration District No. 1

Primary Registration District No. 3066

Registrar's No. 2367

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rt. #13 Box 1216
(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)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Kirkwood 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. #13 Box 1216 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Theophelus Garrard Howard
3. (b) If veteran, name war .....
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hettie
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased February (Month) 2 (Day) 1861 (Year)

8. AGE: Years 86 | Months 9 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace Kentucky (City, town, or county) / (State or foreign country)
10. Usual occupation Retired
11. Industry or business .....

FATHER
12. Name Howard
13. Birthplace Kentucky (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name M. Lewis
15. Birthplace Kentucky (City, town, or county) / (State or foreign country)

16. (a) Informant Lewis B. Harris
(b) Address R. R. #13 Box 1216, Kirkwood
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr. Kirkwood
19. (a) 11-20-47 (Date received local registrar) (b) Beulah Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 16 year 47 hour 30 minute 8 M.
21. I hereby certify that I attended the deceased from 10-15, 1947 to 11/16, 1947, that I last saw him alive on 11/15, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	1 day
Due to: arteriosclerosis	5 yrs
Due to: 830	
Other conditions: senile dementia (Include pregnancy within 3 months of death)	1 yr.

Major findings:
Of operations .....
Of autopsy .....

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 D. A. Leslie (M. D. or other) MD
Address Kirkwood, Mo. Date signed 11/7/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Felix Lussand

Licensed Embalmer No. 3034

P. O. Address Kirkwood (22) 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.