. S. No. 2
OM—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. 43145

FILED JAN 9 1948

Registration District No. 818

Primary Registration District No.

Registrar's No. 12075

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1008

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1029 Leffingwell 9
21 (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Samuel Howard

3. (b) If veteran, name war none

3. (c) Social Security No. 490-18-8337

4. Sex Male 2

5. Color or race Col.

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

6. (b) Name of husband or wife Hattie Howard

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

7. Birth date of deceased Oct. (Month) 20, (Day) ~~1866~~ 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	2	9	hr. min.

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

10. Usual occupation none

11. Industry or business

FATHER
12. Name Unknow 9
13. Birthplace Unknow (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknow 9
15. Birthplace Unknow (City, town, or county) (State or foreign country)

16. (a) Informant Hattie Howard
(b) Address 1029 Leffinwell ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Cole Street

19. (a) JAN 2 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
year 1947 hour 8 minute 45 P M.

21. I hereby certify that I attended the deceased from Dec. 13 1947 to Dec. 29 1947
that I last saw him alive on Dec. 29 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Benign Hypertrophy of the Prostate; Senile Dementia Chronic Pyelonephritis Non-calculous — Duration Undet.

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

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 John B. Clayton (M. D. or other)

Address 2607 No Cohitties Date signed 12/30/47

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

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.