S. No. 300
M—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 10 1948

Registration District No. 27

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43709

Primary Registration District No. 3069

Registrar's No. 2734

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 HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 HOURS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 539 W KIRKHAM
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME JAMES ADRIAN HOWZE

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased SEPT (Month) 19 (Day) 1947 (Year)

8. AGE: Years — Months 3 Days 9 If less than one day hr. min.

9. Birthplace ST LOUIS CO (City, town, or county) MO (State or foreign country)

10. Usual occupation —

11. Industry or business —

MOTHER FATHER

12. Name GEORGE W HOWZE

13. Birthplace CRIPPLE CREEK (City, town, or county) COLO. (State or foreign country)

14. Maiden name GRACE BOSWELL

15. Birthplace MT VERNON (City, town, or country) ILL. (State or foreign country)

16. (a) Informant George W. Howze
(b) Address 539 W Kirkham ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-31-1947 (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA CEMETERY

18. (a) Signature of funeral director Parker Hnd. Co
(b) Address Webster Groves Mo

19. (a) 12-31-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28 year 1947 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 27, 1947, to Dec. 28, 1947; that I last saw him alive on Dec. 27, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
cerebro-spinal meningitis (epidemic) — 2 days
Due to
Due to
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. J. Vollmer (M. D. or other)
Address 53 W. Big Bend, Wb. Groves, Mo. Date signed 12/30/47

(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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.