No. 300
I—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10295

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2515

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: Park Lane Hospital CITY HOSPITAL O (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 4107 WASHINGTON (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 19

If yes, name country

3. (a) PRINT FULL NAME HAROLD CLYDE HOWARD

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. O

5. Color or race W

6. (a) Single, widowed, married, divorced INFANT O

6. (b) Name of husband or wife

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

7. Birth date of deceased JUNE (Month) 20 (Day) 1946 (Year)

8. AGE: Years 1 Months 8 Days 22 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) Mo (State or foreign country) O

10. Usual occupation INFANT

11. Industry or business

12. Name SHERMAN HOWARD

13. Birthplace (City, town, or county) Mo (State or foreign country) O

14. Maiden name MARY HENSON

15. Birthplace CHAFFEE (City, town, or county) Mo (State or foreign country) O

16. (a) Informant Mr Sherman Howard

(b) Address 4107 Washington Av

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 13-48 (Month) (Day) (Year)

(c) Place: burial or cremation Puxico Mo.

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette Av.

19. (a) MAR 13 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 12 year 1948 hour 11 minute a M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to Patent Foramen Ovale

Due to

Other conditions (Include pregnancy within 3 months of death) 121

Major findings: Of operations

Of autopsy

Duration

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 [signature] (M.D. or other)

Address [signature] Date signed 3/13/48

(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 J Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St Louis 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.

BC

State of Mo
~~County~~ City of St Louis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 2515
Local Registrar's No.

On this 1 day of Apr, 1948, before me appears E J Lohman, who, upon his oath, states that the original record of ~~birth~~ death for CLYDE HAROLD HOWARD, ~~born~~ died MAR 12, 1948, in the State of Missouri, and which was filed at St LOUIS on MAR 12, 1948, should be corrected as follows:

Item No. 1c should read PARK LANE MEMORIAL HOSPITAL
Instead of City Hosp

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant E J Lohman UNDERTAKER
Relationship.

3126 LAFAYETTE
Present Address.

Subscribed and sworn to before me this 1 day of Apr, 1948.

My Commission expires 12-6-48 Bernard F Tolland Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36687

S-10295