S. No. 2
—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

# MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 17671

FILED JUN 7 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4749

1. PLACE OF DEATH:
(a) County St Louis Mo
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: En Route Homer Phillips
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution (Specify whether
In this community 41 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3900 West Bell (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Will Lander Howard
3. (b) If veteran, name war No.
3. (c) Social Security No. 493-20-1137
4. Sex Male 2
5. Color or race Colr
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 2 (Day) 1898 (Year)

8. AGE: Years 50 Months 2 Months 9 Days If less than one day hr. min.

9. Birthplace Hopkins Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation Laber.
11. Industry or business
MOTHER FATHER
12. Name Sam Howard
13. Birthplace Ky. (City, town, or county) (State or foreign country)
14. Maiden name Rosa M. Mosley
15. Birthplace Ky. (City, town, or county) (State or foreign country)
16. (a) Informant Percan Bibbs
(b) Address 4319 St Louis Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Herman J Smith
(b) Address 4247 W Laclede Ave
19. (c) MAY 24 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
year 1948 hour 1:07 minute P 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 Multiple fractures of skull WHETHER HE LOST HIS BALANCE AND FELL, or JUMPED OUT A WINDOW in his room on the Fourth Floor, 927 N Vandeventer around 1:07 P.M., May 19th, 1948.

Due to OPEN VERDICT

Other conditions
(Include pregnancy within 3 months of death)

Duration

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) Open verdict
(b) Date of occurrence May 19, 1948 000
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no See above
While at work? (Specify type of place) (e) Means of injury

23. Signature Patrick E Taylor (M. D. or other)
Address Deputy Coroner Date signed 5/20/48

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 Lawrence E. Woodson

Licensed Embalmer No. 4341

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.**