

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 20987  
5265

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

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 2 months  
(Specify whether years, months or days)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME John Howard

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella Howard 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March 25 1892  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>2</u>	<u>11</u>	_____ hr. _____ min.

9. Birthplace Unknown Georgia  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Wagner Electric Co.

MOTHER FATHER { 12. Name John Howard, Sr.

13. Birthplace Unknown Ga.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Stewart

15. Birthplace Unknown Ga.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Howard (Wife)

(b) Address 1330A Franklin Avenue

17. (a) Burial (b) Date thereof 6-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Geme.

18. (a) Signature of funeral director Peoples Und. Co.

(b) Address 3100 Franklin Avenue

19. (a) JUN 9 1948 (b) J. F. Bredebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MM  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1330 Franklin  
25 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6  
year 1948 hour 12 minute 20 a.m.

21. I hereby certify that I attended the deceased from April 6, 1948 to June 6, 1948  
that I last saw him alive on June 6, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Esophagus Duration Undet.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy No

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature James M. Whittier (M.D. or other)

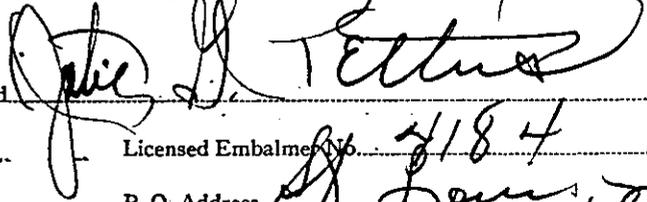
Address 2601 N. Whittier Date signed 6/8/48

**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

  
.....

Licensed Embalmer No. 4184

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.**