

FILED SEP 13 1948

Registration District No.

Primary Registration District No.

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:
LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **7 HOURS**
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT
FULL NAME

BABY HOW

3. (b) If veteran,
name war.....

3. (c) Social Security
No.....

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married,
divorced.....
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased..... **AUGUST 27, 1948**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 hr. **56** min.

9. Birthplace..... **ST. LOUIS** **MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name..... **STEPHAN E. HOW**
13. Birthplace..... **HEMATITE** **MISSOURI**
(City, town, or county) (State or foreign country)
14. Maiden name..... **GRACE CLOW**
15. Birthplace..... **NAPERVILLE** **ILLINOIS**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **GRACE HOW**

(b) Address..... **420 LONGSTREET RD.**

17. (a) **BURIAL** (b) Date thereof..... **8-31-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **National Center**

18. (a) Signature of funeral director..... **FENDLER UND. CO.**

(b) Address..... **7420 MICHIGAN**

19. (a) **8-30-48** (b) **J. F. Braden**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **MISSOURI** (b) County.....
(c) City or town..... **ST. LOUIS 6 (23)**
(If outside city or town limits, write "RURAL")
(d) Street No..... **APT. A 420 LONGSTREET RD.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **AUGUST** day..... **27**
year..... **1948** hour..... **755** minute..... **P** M.
21. I hereby certify that I attended the deceased from..... **1259 - P.M.**
AUGUST 27, 1948, to **AUGUST 27 - 7:55 A.M.** 1948,
that I last saw him alive on..... **AUGUST 27**, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death.....
3 MONTHS PREMATUREITY

Due to.....
Due to.....

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

Major findings:
Of operations.....
Of autopsy.....

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..... (M. D. or other)
Address..... **28004 Chapman** Date signed..... **8/28/48**

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.....

P. O. Address.....

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.