

FILED AUG 28 1948

Registration District No. 1003

Primary Registration District No. 1003

## 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: 3828<sup>1</sup>/<sub>2</sub> Cook Ave  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 30 yrs  
 (Specify whether years, months or days)

## 3. (a) PRINT FULL NAME

Benjamin Howard

## 3. (b) If veteran,

name war

3. (c) Social Security No. 333-01-9582

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced married  
 (b) Name of husband or wife Anna B. Howard 6. (c) Age of husband or wife if alive 56 years  
 7. Birth date of deceased Mar. 22. 1883  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 4 27 hr. min.

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

10. Usual occupation Chopper

11. Industry or business Foundry

12. Name Ben Howard sr.

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

14. Maiden name Unknown

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

16. (a) Informant Anna Howard

(b) Address 3828<sup>1</sup>/<sub>2</sub> Cook Ave

17. (a) Burial (b) Date thereof 8-23-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Arthur Dean

(b) Address 3644 F. Avenue

19. (a) AUG 20 1948 (b) J. H. Bredel  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3828<sup>1</sup>/<sub>2</sub> Cook Ave  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18<sup>th</sup>  
 year 1948 hour 6 minute 50 A.M.

21. I hereby certify that I attended the deceased from 31 March  
1948 to death 1948  
 that I last saw him alive on 16 Aug.  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Schistosomiasis  
 Duration

Due to

Due to

Other conditions 114  
 (Include pregnancy within 3 months of death)

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)

(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)

Means of injury

23. Signature A. James Evans M.D.

Address 4730<sup>1</sup>/<sub>2</sub> Page Bluff Date signed 20 Aug

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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

*Louis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address *3644 Finney*

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.