No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28380

FILED SEP 7 1948

Registration District No. 347

Primary Registration District No. 3063

Registrar's No. 1552

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

1. PLACE OF DEATH:

(a) County: ST. LOUIS

(b) City or town: CLAYTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. LOUIS COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 DAYS (Specify whether years, months or days)

In this community 15 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: ST. LOUIS 96

(c) City or town: BRENTWOOD 9
(If outside city or town limits, write "RURAL")

(d) Street No.: 8751 AGNES
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: THOMAS HOWARD

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: M 2

5. Color or race: C

6. (a) Single, widowed, married, divorced: M 1

6. (b) Name of husband or wife: ANGELENE

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: 8 (Month) 15 (Day) 1877 (Year)

8. AGE: Years 70 Months 11 Days 24 If less than one day hr. min.

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

10. Usual occupation: NONE

11. Industry or business: NONE

FATHER
12. Name: SCOTT HOWARD
13. Birthplace: UNKNOWN (City, town, or county) VIRGINIA (State or foreign country)

MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant: ANGELENE HOWARD

(b) Address: 8751 AGNES

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 8/13/48 (Month) (Day) (Year)

(c) Place: burial or cremation: MUSIC CEMETERY

18. (a) Signature of funeral director: Gordon Handel

(b) Address: 140 Maryville Shopping Center Mo

19. (a) 8-12-48 (Date received local registrar) (b) Geo. A. Kamp M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 9 year 1948 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from JULY 9, 1948, to AUGUST 9, 1948; that I last saw him alive on AUGUST 9, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Syphilitic heart disease	>
Aneurysm of ascending aorta	
Due to: due to syphilis	>
Senile nephrosclerosis due to	
Due to: arteriosclerosis	>
Other conditions (Include pregnancy within 3 months of death): 300	

Major findings:
Of operations:

Of autopsy: None

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: Gary B. Hood M.D. (M. D. or other)

Address: 601 S. Brentwood Blvd. Date signed: 8/9/48

(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 Theodore T. Yandec

Licensed Embalmer No. 4243

P. O. Address 14 Waymire St
Peaster Grover Tho

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.