

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1949

State File No. **31855**
8084

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>St Louis Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis, Mo.</u>	c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hospital 307 3 E. 11th, St. Louis, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>16 3801 Gravois Ave</u>	

3. NAME OF DECEASED (Type or Print) <u>Miss Mary Howerton</u>			4. DATE OF DEATH <u>Sept. 19 1949</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>W</u>	8. DATE OF BIRTH <u>Nov 7-1874</u>	9. AGE (in years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Franklin Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u></u>
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13a. FATHER'S NAME <u>John Howerton</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Keal</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Sister Mary of St. Francis Lavier</u> ADDRESS <u>3801 Gravois</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension C. V. System</u> DUE TO (c) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 1/2 hrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>97 4568</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 9-17, 1949, to 9-19, 1949, that I last saw the deceased alive on 9-18, 1949, and that death occurred at 8:40 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph Vincent O'Donnell M.D.</u>	23b. ADDRESS <u>307 1/2 E. 11th St. St. Louis</u>	23c. DATE SIGNED <u>9/19/49</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Calvary</u>	24b. DATE <u>9-20-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>
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DATE REC'D BY LOCAL REG. <u>SEP 19 1949</u>	REGISTRAR'S SIGNATURE <u>J.B. Lasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u> ADDRESS <u>3840 Lindell Blvd</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

W J Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.