

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 10 1949

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State File No. 35242

Registrar's No. 9421

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If location: residence before admission): a. STATE				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, MO				c. LENGTH OF STAY (in this place) Life				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital,				d. STREET ADDRESS (If rural, give location) 15- 4228 Schiller Place					
3. NAME OF DECEASED (Type or Print)			a. (First)		b. (Middle)		c. (Last)		
Mary Eugenia (Jennie)			Howard				4. DATE OF DEATH (Month) (Day) (Year) October 30, 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH February 8, 1863		9. AGE (In years last birthday) Months Days Hours Min. 86	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) St. Louis, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Vien			13b. MOTHER'S MAIDEN NAME Mary Chattin			14. NAME OF HUSBAND OR WIFE John Francis Howard (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary A. Howard 4228 Schiller Place				
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pyo Nephritis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 yrs.</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) St. Louis MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. HOW DID INJURY OCCUR? Car	
21d. TIME OF INJURY		21e. HOW DID INJURY OCCUR?		21f. HOW DID INJURY OCCUR?		21g. HOW DID INJURY OCCUR?		21h. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 6</u> , 1945, to <u>Oct 30</u> , 1949, that I last saw the deceased alive on <u>Oct 30</u> , 1949, and that death occurred at <u>7:35 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>A. L. Heistler, M.D.</u>				(Degree or title)		23b. ADDRESS <u>3606 Girardin</u>		23c. DATE SIGNED <u>10/31/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>11/2/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, County Missouri</u>			
DATE REC'D BY LOCAL REG. NOV 1 1949		REGISTRAR'S SIGNATURE <u>J. B. Paater</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gebken-Benz Mortuary 2842 Meramec St.</u>				

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.

Signed Joe S. Benz

Signed _____
Student Embalmer

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis, 18 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.