

FILED JAN 14 1950

STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 42592
11250

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST. CLAIR</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>E. ST. LOUIS</u>		997	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S INFIRMARY</u>				d. STREET ADDRESS (If rural, give location) <u>1862 WILFORD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIE</u>		b. (Middle) <u>FF</u>		c. (Last) <u>HOWARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 27 1949</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>OCT. 3, 1911</u>	
9. AGE (In years last birthday) <u>38</u>		IF UNDER 1 YEAR Months <u>2</u>		IF UNDER 12 Hrs. Days <u>24</u>		IF UNDER 12 Hrs. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>GREENWOOD, MISS.</u>		12. CITIZEN OF WHAT COUNTRY? <u>AMERICA</u>	
13a. FATHER'S NAME <u>GEORGE HIGGINS</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carey Howard 1862 WILFORD</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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 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) <u>93</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>11 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fall</u>			
22. I hereby certify that I attended the deceased from <u>10/11, 1949</u> to <u>12/27, 1949</u> , that I last saw the deceased alive on <u>12/26, 1949</u> , and that death occurred at <u>12:05 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. H. Weathers</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>11621 KENNEDY E. ST. LOUIS, ILL.</u>		23c. DATE SIGNED <u>DEC 30 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>E. ST. LOUIS, ILL.</u>		24b. DATE <u>12-27-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DOUGLAS</u>		24d. LOCATION (City, town, or county) (State) <u>E. ST. LOUIS ILL.</u>	
DATE REC'D BY LOCAL REG. OFF. <u>DEC 31 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Fasano</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. J. Crigger</u>		ADDRESS <u>1036 TUDOR E. ST. LOUIS, ILL.</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.

Student
Student Embalmer

Signed _____

John R Cunningham

Licensed Embalmer No. *44076*

P. O. Address. *4107 1/2 Main St*

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.