FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43261

BIRTH NO. ______ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 04661

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JEFF. BRKS, MISSOURI
c. LENGTH OF STAY (in this place) 843 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ILLINOIS
b. COUNTY ST. CLAIR
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MARISSA
d. STREET ADDRESS (If rural, give location) 401 S. HAMILTON

3. NAME OF DECEASED (Type or Print) a. (First) NERO b. (Middle) V. c. (Last) HOWARD

4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 11 1949

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 1-8-88
9. AGE (In years last birthday) 61 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY - - - -
11. BIRTHPLACE (State or foreign country) JAMESTOWN, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME RICHARD P. HOWARD
13b. MOTHER'S MAIDEN NAME ELVIRA ROSS
14. NAME OF HUSBAND OR WIFE ETHEL HOWARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS ADDRESS

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED CARCINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CARCINOMA OF LARYNX
DUE TO (c) --

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

161X

19a. DATE OF OPERATION 9-4-47
19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF LARYNX 161X
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* VA *attended the deceased from* August 21, 19 47, *to* Dec. 11, 1949 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX *and that death occurred at* 5:03 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) L. E. STILWELL, M.D. Chf. of Prof. Services
23b. ADDRESS VAH, Jefferson Barracks, Mo.
23c. DATE SIGNED 12-12-49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE Dec. 14, 1949
24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY
24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MISSOURI

DATE REC'D BY LOCAL REGISTRAR DEC 12 1949
REGISTRAR'S SIGNATURE Herbert R. Womke MD
25. FUNERAL DIRECTOR'S SIGNATURE HOFFMEISTER U & L. ADDRESS 7814 S.Broadway

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.