

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10594

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3044**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis, Mo</i>	c. LENGTH OF STAY (In this place) <i>75 yrs</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis, Mo</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G Phillips Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>1230 E W. Fairview Ave</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Ella</i> b. (Middle) <i>Howard</i> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <i>Mar 30 1950</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>April 4, 1874</i>	9. AGE (In years last birthday) <i>75</i>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>Arkansas</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
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13a. FATHER'S NAME <i>Unknown</i>	13b. MOTHER'S MAIDEN NAME <i>Ann Hathaway</i>	14. NAME OF HUSBAND OR WIFE <i>Frank Howard</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, rank, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Frank Howard</i>	ADDRESS <i>4230 E W. Fairview</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Congestive Failure</i>	Hypertensive Heart Disease with		Undet.
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	DUE TO (b) <i>Undetermined</i>		
	DUE TO (c) <i>Lobar Pneumonia, Probable</i>		
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"/>
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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) <i>St Louis, Mo</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *3-8*, 1950, to *3-30*, 1950, that I last saw the deceased alive on *3-30*, 1950, and that death occurred at *5 a* m., from the causes and on the date stated above.

23a. SIGNATURE <i>James J. Redrick M.D.</i>	(Degree or title)	23b. ADDRESS <i>2601 N Whittier St</i>	23c. DATE SIGNED <i>3-30-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>4/13/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis, Mo</i>
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DATE REC'D BY LOCAL REG. <i>MAR 31 1950</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>C. H. Roberts</i>	ADDRESS <i>1416 N. Taylor</i>
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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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Annice Roberts

Licensed Embalmer No. *4439*

P. O. Address *1416 N Jay*

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.