No. 300
10-48

FILED MAY 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15398

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1066

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BRKS., MO.
c. LENGTH OF STAY (in this place): 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET ADM HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 25 ST. LOUIS 2259
d. STREET ADDRESS (If rural, give location): 615 WALNUT ST. 1

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): (NMI)
c. (Last): HOWARD

4. DATE OF DEATH (Month) (Day) (Year): APRIL 23, 1950

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED 1
8. DATE OF BIRTH: 11/15/90
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 5, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NEWSPAPER VENDOR
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): HILHAM, TENNESSEE 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JONAH HOWARD
13b. MOTHER'S MAIDEN NAME: MARY RICE
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW-1
16. SOCIAL SECURITY NO.: 489 14 3382
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA HOSPITAL RECORDS

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) ADENOCARCINOMA OF PANCREAS

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 157X
20. AUTOPSY? YES [XX] NO [ ]

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):
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* 4/3, 1950, *to* 4/23, 1950, ~~[illegible]~~ *and that death occurred at* 1:25p *m., from the causes and on the date stated above.*

23a. SIGNATURE L. E. Stilwell M.D. (Lic. or Certificate): 0 Chief, Professional Services
23b. ADDRESS: VAH, Jefferson Barracks, Mo.
23c. DATE SIGNED: 4-24-50

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Removal
24b. DATE: April 25, 1950
24c. NAME OF CEMETERY OR CREMATORY: Burchett, Timothy, Tenn.
24d. LOCATION (City, town, or county) (State): Timothy Tenn.

DATE REC'D BY LOCAL REG.: 4-25-50
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C. HOFFMIESTER U&L Co., 7814 S. Bdwy, St. Louis

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 28 1951

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.

Student Embalmer No.....

Signed Harry J Schumacher

Signed.....
Student Embalmer

Licensed Embalmer No. 2679

P. O. Address 7544 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.