

FILED JUN 23 1950

STANDARD CERTIFICATE OF DEATH

State File No. 3158

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) 15 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parma		0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) /			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) A.		c. (Last) Howard		4. DATE OF DEATH (Month) (Day) (Year) 6/11/50	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH May 17, 1888	
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Hamilton County, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME A. F. Howard		13b. MOTHER'S MAIDEN NAME Emma Gaines		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. 550-74-0758		17. INFORMANT'S SIGNATURE OR NAME Mrs. W.L. Allen-4332 Laclade Ave/		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia				INTERVAL BETWEEN ONSET AND DEATH 1 mo.	
		ANTECEDENT CAUSES DUE TO (b) Arteriolar nephrosclerosis				10 yrs.	
		DUE TO (c) Cirrhosis of the liver				10 yrs.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive failure					
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)			
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? H/H/X			
22. I hereby certify that I attended the deceased from May 27 , 19 50 , to June 11 , 19 50 ; that I last saw the deceased alive on June 11 , 19 50 , and that death occurred at 11:35 A.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) FR Bradley				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 6/11/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-11-50		24c. NAME OF CEMETERY OR CREMATORY Malden		24d. LOCATION (City, town, or county) (State) Malden, Missouri	
DATE REC'D BY LOCAL REG. JUN 12 1950		REGISTRAR'S SIGNATURE J. B. Lanster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe-4700 Washington Blvd			

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

Student Embalmer No.....
Signed *Robert M. Munn*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, 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.