No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25736

BIRTH NO. 8-7-51 REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2658

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

1. PLACE OF DEATH a. COUNTY: ST.LOUIS 4022	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: MISSOURI b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFF.BRKS,MO. 0 — c. LENGTH OF STAY (in this place): 6 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST.LOUIS 2049
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL	d. STREET ADDRESS (If rural, give location): 2011a McCausland 4 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOHN	F. D.	HOWELL	JULY 13,1951

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
MALE 0	WHITE	MARRIED 1	5-28-89	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Telephone Solicitor	----	St.Louis,Mo. 6	USA

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
DEMETERIUS HOWELL	ODA DARNELL	GENEVIEVE HOWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME / ADDRESS
YES	WWI	498-03-7707	VA HOSPITAL RECORDS,JEFF.BRKS,MO

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) CEREBRAL THROMBOSIS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
443X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ 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* 7-8-51, *19*, *to* 7-13-51, *19*, XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX *and that death occurred at* 3:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. E. Stilwell M.D.	VA HOSPITAL,JEFF.BRKS,MO	7-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 16,1951	NATIONAL	JEFFERSON BARRACKS,MO.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS
7-14-51	Herbert R. Domke MD	C.HOFFMEISTER U&L COMAPNY,St.Louis,Mo. 6464 Chippewa

(Licensed Embalmer's Statement on Reverse Side)

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 Lehmacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadwa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.