

No. 300  
10-48

FILED AUG 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28969

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2826

1. PLACE OF DEATH a. COUNTY Jennings, Mo. <i>St. Louis, Mo.</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri m b. COUNTY Jennings		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		4138
d. FULL NAME OF HOSPITAL OR INSTITUTION 5828 Hodiamont Ave.			d. STREET ADDRESS (If rural, give location) 5828 Hodiamont		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Elizabeth	b. (Middle) G	c. (Last) Howard	Aug.	I,	1951

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Feb. 10, 1891	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 5	IF UNDER 1 YEAR Days 21	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (State or foreign country) Ireland 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME John F. Cullen		13b. MOTHER'S MAIDEN NAME Elizabeth Moore		14. NAME OF HUSBAND OR WIFE George F. Howard			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Howard Jr 5828 Hodiamont			
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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>Chr myocarditis</i>						?
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES					
	DUE TO (b) <i>Hypertension</i>					
	DUE TO (c) <i>443X</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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 *Jan 27, Aug 1, 1951* that I last saw the deceased alive on *Aug 1, 1951* and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Edmund J. ...</i>		23b. ADDRESS <i>6204 W. Florissant</i>		23c. DATE SIGNED <i>Aug 1-51</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <i>Aug. 25 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>		
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DATE REC'D BY LOCAL REG. <i>8-21-51</i>	REGISTRAR'S SIGNATURE <i>Herbert G. Romke</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Buchholz-Koeller 5967 W. Florissant</i>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 22 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~~ *Me*

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Elton M. Pennington*

Licensed Embalmer No. *4283*

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.