

No. 300  
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29030

FILED SEP 7 1951

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3070</u>		Registrar's No. <u>3011</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>4097</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>		c. LENGTH OF STAY (in this place) <u>30 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u> <u>4577</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>414 Spring Ave</u>				d. STREET ADDRESS (If rural, give location) <u>414 Spring Ave</u> <u>D</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mathilda</u> b. (Middle) _____ c. (Last) <u>Howe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 29, 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 21, 1860</u>		9. AGE (In years of last birthday) <u>91</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 WKS: Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (State or foreign country) <u>Hilsenberg, Sweden</u> <u>4</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>		
13a. FATHER'S NAME <u>Sven Swenson</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Peter John Howe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME: ADDRESS <u>Edna H. Blumer 425 Fairlawn Ave. Web. Gro</u>				
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) <u>Hypertensive Cardio-Vascular disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>8/11/51</u> ANTECEDENT CAUSES DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>443X</u>						
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 20, 1942</u> , to <u>August 29, 1951</u> , that I last saw the deceased alive on <u>Aug. 28, 1951</u> and that death occurred at <u>4:30a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Arthur W. Westrup M.D.</u>			23b. ADDRESS <u>204 E. Big Bend Rd.</u>			23c. DATE SIGNED <u>8/29/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 31, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-29-51</u>		REGISTRAR'S SIGNATURE <u>Hubert P. Lanke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MITTELBERG FUNERAL HOME, INC.</u> <u>73 W. LOCKWOOD AVE.</u> <u>WEB. GRO.</u>			

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.

Student Embalmer No. ....

Signed \_\_\_\_\_

*J. W. Binkley*

Signed.....

Student Embalmer

Licensed Embalmer No. *3653*

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.