

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39171

State File No. 9924

318

1003

5624

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>St. Louis Missouri</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. Louis Missouri</b>		c. LENGTH OF STAY (In this place) <b>14 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		<b>2119</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1214 N. Manhattan Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Will</b>		b. (Middle) _____		c. (Last) <b>Howard</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 7 1951</b>	
5. SEX <b>M. 2</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>Oct 26-1902</b>	
9. AGE (In years last birthday) <b>49</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Schaffer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Delux Restaurant</b>		11. BIRTHPLACE (State or foreign country) <b>Nymph Alabama</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Lem Howard</b>		13b. MOTHER'S MAIDEN NAME <b>Cora Howard</b>		14. NAME OF HUSBAND OR WIFE <b>Not known</b>		14. NAME OF HUSBAND OR WIFE <b>Divorced</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>499-12-2448</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. M. Price, 4609<sup>th</sup> McMillan</b>			
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.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Heart Disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congestive Heart Failure</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Uremia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>  <b>Undet.</b>	
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? <b>H 201</b>			
22. I hereby certify that I attended the deceased from <b>10-28</b> , 19 <b>51</b> , to <b>11-7</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>11-7</b> , 19 <b>51</b> , and that death occurred at <b>3:50a</b> m., from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) <b>M. D. Harris</b>				23b. ADDRESS <b>2601 N Whittier</b>		23c. DATE SIGNED <b>11-7-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 13, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks Missouri</b>	
DATE REC'D BY LOCAL REG. <b>NOV 8 1951</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D. K.P.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Moses Adams 3849 Windsor Place</b>			

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

embalments in 41.61

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. A. Green*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2963*

P. O. Address *4214 Selman*

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.