

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36497**

FILED NOV 14 1952

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 9684
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Wellston		
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 6307 Spencer Pl.		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospt.		4. DATE OF DEATH (Month) (Day) (Year) 10/19/1952		
3. NAME OF DECEASED (Type or Print) Catherine		a. (First)	b. (Middle) Howerton	c. (Last)
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH March 7 1939
9. AGE (In years last birthday) 13		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Girl		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Leonard Howerton		13b. MOTHER'S MAIDEN NAME Virginia Smith		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Leonard Howerton
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lupus Erythematosus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 8 Mo
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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? 7054
22. I hereby certify that I attended the deceased from May 23, 1952 , to Oct 19, 1952 , that I last saw the deceased alive on Oct 19, 1952 , and that death occurred at 1:15 p. m. , from the causes and on the date stated above.				
23a. SIGNATURE Dr. Wm. Shane W.D.		23b. ADDRESS 4500 Olive St. St. Louis		23c. DATE SIGNED 10/21/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/22/1952		24c. NAME OF CEMETERY OR CREMATORY New Home Cem.
24d. LOCATION (City, town, or county) (State) Keysville Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark		
DATE REC'D BY LOCAL REG. OCT 21 1952		REGISTRAR'S SIGNATURE J. Carl Smith		ADDRESS 1125 Hodiament Ave.

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

Dr. Q. McShane
4500 011th
Ro 35556

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

John J. Haines

Licensed Embalmer No. 4108

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.