

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 29 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2628**

1. PLACE OF DEATH a. COUNTY St. Louis		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) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood	
c. LENGTH OF STAY (In this place) 5 days		d. STREET ADDRESS (If rural, give location) 147 W. Adams Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) R. (JACK)		c. (Last) HOWELL		4. DATE OF DEATH (Month) (Day) (Year) Oct. 11 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar. 1, 1866	9. AGE (In years last birthday) 86	10. MONTH 7	11. DAY 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired CONTRACTOR		10b. KIND OF BUSINESS OR INDUSTRY Bldg. Contractor		11. BIRTHPLACE (City and State or Foreign Country) Bristol, England		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME William Howell		13b. MOTHER'S MAIDEN NAME Amelia Rodger		14. NAME OF HUSBAND OR WIFE Meta Howell	
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 Mrs. E.O. Harper, Kirkwood, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident		
	ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (c) 33X		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"/>	
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?	

22. I hereby certify that I attended the deceased from **10-6**, 1952, to **10-11**, 1952, that I last saw the deceased alive on **10-11**, 1952, and that death occurred at **9 PM** m., from the causes and on the date stated above.

23a. SIGNATURE Robert Ken M.D.		23b. ADDRESS 6015 Brentwood Clayton, Mo		23c. DATE SIGNED 10-11-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/13/52		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood Missouri	
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DATE REC'D BY LOCAL REG. 10-13-52		REGISTRAR'S SIGNATURE Herbert R. Donke MD		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Boop, Inc., Kirkwood, Mo.		ADDRESS	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Felix Lusand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22

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.