

STANDARD CERTIFICATE OF DEATH

State File No. **43513**
Registrar's No. **11437**

FILED JAN 10 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 25 1723 Franklin Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Rachel b. (Middle) c. (Last) Howard		4. DATE OF DEATH (Month) (Day) (Year) Dec. 9 1952	
5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 20, 1898
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months 11 Days 19	IF UNDER 24 HRS. Hours 19 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Clarksdale, Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Tom Robinson	
13b. MOTHER'S MAIDEN NAME Lucy Robinson		14. NAME OF HUSBAND OR WIFE Henry Howard	
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. 430-26-4227	17. INFORMANT'S SIGNATURE OR NAME Marie Williams
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of right Breast. ANTECEDENT CAUSES DUE TO (b) Undetermined <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> None	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 170X		22. I hereby certify that I attended the deceased from 11-22 , 19 52 , to 12-9 , 19 52 , that I last saw the deceased alive on 12-9 , 19 52 , and that death occurred at 8:50a m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Carl Belle Smith D.		23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 12-10-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 13, 1952	24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery	24d. LOCATION (City, town, or county) (State) LeMay, Missouri
DATE REC'D BY LOCAL REG. DEC 12 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. C. Roone	
ADDRESS 1221 N. Grand Blvd.		(Licensed Embalmer's Statement on Reverse Side)	

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 _____

Georgetown Swan

Licensed Embalmer No. 4580

P. O. Address 12 21st Street

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.