

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43514**
Registrar's No. **11012**

BIRTH NO. 11012		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	State File No. 43514		Registrar's No. 11012
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Firman-Desloge Hospital			d. STREET ADDRESS (If rural, give location) 4315 Bates St			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		5. DATE OF DEATH	
a. (First) Helen			b. (Middle) Mae		c. (Last) Howe	
6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1-19-1902	
9. SEX Female			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Arch Jones		13b. MOTHER'S MAIDEN NAME Anna McFarland	
14. NAME OF HUSBAND OR WIFE John M. Howe			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME John M. Howe			ADDRESS 4315 Bates St			
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) Coronary declension			INTERVAL BETWEEN ONSET AND DEATH 6-8h.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, general			DUE TO (c)
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 4201		
22. I hereby certify that I attended the deceased from April , 19 48 , to 11/28 , 19 54 , that I last saw the deceased alive on 11/27/54 , 19 54 , and that death occurred at 5:00 A.M. , from the causes and on the date stated above.						
23a. SIGNATURE Walter J. [Signature]			23b. ADDRESS M.D. 16 Hampton Valley Plaza		23c. DATE SIGNED 11/28/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-1-1952		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) Affton Mo.
DATE REC'D BY LOCAL REG. DEC 1 1952		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE W.D. Siegenstein Bros. ADDRESS 6409 Gravois Ave.		

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

MAR 12 1954

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed..... *Jair M. Simon*

Licensed Embalmer No. *4343*

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.