

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37859

State File No.

FILED NOV 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2661

4001
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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|---|--|--|--|--|--|
| 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 VALLEY PARK | | c. CITY OR TOWN OLIVETTE | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. LENGTH OF STAY (In this place) 5 yrs | | e. STREET ADDRESS (If rural, give location) # 64 HIGHGATE ROAD. | | d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mach Home | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) NANCY | b. (Middle) MURRAY | c. (Last) HOWELL. | 4. DATE OF DEATH (Month) (Day) (Year) OCT. 14, 1953 |
|--|---------------------------|--------------------------|---|

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|----------------------|-------------------------------|--|--|--|------------------------|---------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child | 8. DATE OF BIRTH June 26, 1947 | 9. AGE (In years last birthday) 6 | IF UNDER 1 YEAR Months | IF UNDER 4 HRS. Days Hours Min. |
|----------------------|-------------------------------|--|--|--|------------------------|---------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Arthur R. Howell, Jr. | 13b. MOTHER'S MAIDEN NAME Marylaine Myers | 14. NAME OF HUSBAND OR WIFE NONE |
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| 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 ADDRESS Arthur K. Howell, Jr. 64 Highgate Road. |
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| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE BRONCHO PNEUMONIA | | INTERVAL BETWEEN ONSET AND DEATH 46 HRS. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. IMBECILITY | | DUE TO (b) _____ | | 491X |
| DUE TO (c) _____ | | SINCE BIRTH | | |

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| 19a. DATE OF OPERATION NONE | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 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 OCT. 5, 1947, to OCT. 14, 1953, that I last saw the deceased alive on OCT. 14, 1953, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE B. R. Loving, MD. | (Degree or title) | 23b. ADDRESS Ballwin, Mo. | 23c. DATE SIGNED 10-15-53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Cremaation | 24b. DATE 10/15/1953 | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. |
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| DATE REC'D BY LOCAL REG. 10/15/53 | REGISTRAR'S SIGNATURE Hebert A. ... | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. R. Lupton & Sons. 7233 Delmar Blvd. |
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Clarence H. Murray*.....

Licensed Embalmer No. *401*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.