

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45363

State File No. 12367
Registrar's No. 12367

FILED JAN 19 1954

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 12367		Registrar's No. 12367			
1. PLACE OF DEATH a. COUNTY 0				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) St. Louis, Mo			c. CITY OR TOWN St. Louis			d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital				e. STREET ADDRESS (If rural, give location) 19 3740 Westminister 2199 0							
3. NAME OF DECEASED (Type or Print) Emile			a. (First)		b. (Middle)		c. (Last) Howald		4. DATE OF DEATH (Month) (Day) (Year) 12 29 53		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2-13-99		9. AGE (In years last birthday) 54	10. UNDER 1 YEAR 10	11. UNDER 1 YEAR 16	12. UNDER 1 YEAR 16	13. UNDER 1 YEAR 16	
10a. USUAL OCCUPATION (Give kind of work) Hotel Owner			10b. KIND OF BUSINESS OR INDUSTRY Hotel Owner			11. BIRTHPLACE (City and State or Foreign Country) St. Louis 0			12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Emile Howald			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Georgia Howald					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 453-34-9148		17. INFORMANT'S SIGNATURE OR NAME Georgia Howald ADDRESS 3740 Westminister						
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis of branch of middle cerebral artery, blood							INTERVAL BETWEEN ONSET AND DEATH		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis									
		DUE TO (c) _____									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiovascular disease									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 332X						
22. I hereby certify that I attended the deceased from 11-30-53 , 19____, to 12-29-53 , 19____, that I last saw the deceased alive on 12-29-53 , 19____, and that death occurred at 8:10 P.M. , from the causes and on the date stated above.											
23a. SIGNATURE C. B. Taylor (Degree or title) MD				23b. ADDRESS 1515 Lafayette				23c. DATE SIGNED 12-29-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/31/53	24c. NAME OF CEMETERY OR CREMATORY Calvary			24d. LOCATION (City, town, or county) (State) St. Louis Mo					
DATE REC'D BY LOCAL REG. DEC 31 1953		REGISTRAR'S SIGNATURE Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE Ray Phillips ADDRESS 5041 Delmar						

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.....
Signature of Student Embalmer

Signed *J. Allen Davis*

Licensed Embalmer No. *4053*

P. O. Address

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.