No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10126

BIRTH NO. FILED MAR 19 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2258

1. PLACE OF DEATH
a. COUNTY 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis
c. LENGTH OF STAY (In this place): 44 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Christian Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 9
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis 2109 0
d. STREET ADDRESS (If rural, give location): 10 3934a Natural Bridge Blvd., 7,

3. NAME OF DECEASED (Type or Print)
a. (First): ROY
b. (Middle): E.
c. (Last): HOWDEN

4. DATE OF DEATH (Month) (Day) (Year): March 8th, 1954

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 17th, 1894

9. AGE (In years last birthday): 59 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (City and State or Foreign Country): Evansville, Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Robert F. Howden

13b. MOTHER'S MAIDEN NAME: Laura Dugan

14. NAME OF HUSBAND OR WIFE: Sue Howden nee DeFrain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 490-015692

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Sue Howden, 3934a Natural Bridge Blvd., 7,

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Carcinoma of Brain (Metastatic)

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) (2) Carcinoma of Upper

DUE TO (c) and Middle lobes of R. lung (Primary)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: 162X

22. *I hereby certify that I attended the deceased from* 1-23-54, *to* 3-8, 1954, *that I last saw the deceased alive on* 3-8-54, 19___, *and that death occurred at* 1:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hallen MD

23b. ADDRESS: 5074 N Union Blvd

23c. DATE SIGNED: 3-10-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 3/11/54

24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

DATE REC'D BY LOCAL REG.: MAR 11 1954

REGISTRAR'S SIGNATURE: J. Earl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: CALVIN F. FEUTZ FUNERAL HOME, INC., 4828 Natural Bridge Blvd., St. Louis, 15, Mo.

5074 Union Blvd.,
9 to 12:00 Daily except Thurs.
4 to 5PM M., W., F.,
Mu. 1080

File in City

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 Ralph C. Lindley

Licensed Embalmer No. 4225

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.