

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9743**
Registrar's No. **2445**

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. CITY OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		e. STREET ADDRESS (If rural, give location) 4943 McPherson Ave. 2129	
3. NAME OF DECEASED (Type or Print) a. (First) Ralph		b. (Middle) C.	
c. (Last) Howell		4. DATE OF DEATH (Month) (Day) (Year) Mar. 16, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 6, 1880
9. AGE (In years last birthday) 74		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Typesetter	10b. KIND OF BUSINESS OR INDUSTRY Corley Printing
11. BIRTHPLACE (City and State or Foreign Country) Muskegon, Michigan		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME David Howell		13b. MOTHER'S MAIDEN NAME Louise Estey	
14. NAME OF HUSBAND OR WIFE Emma Howell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.	
16. SOCIAL SECURITY NO. Nil.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Howell, 4943 McPherson Ave.	
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. Coronary Thrombosis II. OTHER SIGNIFICANT CONDITIONS Fracture right femur and Washington Ave. March 8, 1955 about	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 145 per Accident	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 8 55 1:45 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? E9035		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 AM , from the causes and on the date stated above. 44	
23a. SIGNATURE Patricia Taylor Corbett		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 3.17.55		24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	
24b. DATE 3-19-55		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.	
DATE REC'D BY LOCAL REG. MAR 17 1955		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	

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. W. Bentley*.....
Licensed Embalmer No. *365*.....
P. O. Address *St. Louis 8.*.....

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.