

FILED MAY 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13473**
Registrar's No. **3708**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. CITY		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) OR TOWN St. Louis, Missouri		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"/>
c. LENGTH OF STAY (in this place) Years		STREET ADDRESS (If rural, give location) 23 2116 Waverly Place 2270	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2116 Waverly Place		3. NAME OF DECEASED a. (First) HENRY b. (Middle) E. c. (Last) HOWARD	
4. DATE OF DEATH (Month) (Day) (Year) April 25, 1955		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 12-18-1891		9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (City and State, or Foreign Country) Piedmont, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Howard		13b. MOTHER'S MAIDEN NAME Debie Durdin	
14. NAME OF HUSBAND OR WIFE Offie		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, N, or unknown) NO (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME Offie Howard, 2116 Waverly Place	
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 OCCLUSION ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 14, 1955 , to April 25, 1955 , that I last saw the deceased alive on April 24, 1955 , and that death occurred at 9 A. m. , from the causes and on the date stated above.	
23a. SIGNATURE Deiland J. Nash (Degree or title) D.O.		23b. ADDRESS 1829 S 18th	
23c. DATE SIGNED 4/26/55		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE 4-27-55		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) Piedmont, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin F. H. Inc. ADDRESS 2301 Lafayette	
DATE REC'D BY LOCAL REG. APR 26 1955		REGISTRAR'S SIGNATURE Carl Smith	

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..... *James R. Chapman*
Licensed Embalmer No..... *4*
P. O. Address..... *St. La*

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.