

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23324

FILED AUG 15 1955

BIRTH NO.		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 175			
1. PLACE OF DEATH a. COUNTY Saint Charles				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 Saint Charles		c. LENGTH OF STAY (in this place) DOA		c. CITY OR TOWN Saint 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 Saint Joseph's Hospital				e. STREET ADDRESS (If rural, give location) 2823 Arlington 2067					
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Franklin		c. (Last) Howard		4. DATE OF DEATH (Month) (Day) (Year) Aug. 6, 1955			
5. SEX Male <input checked="" type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 6, 1910			
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) floor finisher		10b. KIND OF BUSINESS OR INDUSTRY Mo. Floor Co.		9. AGE (In years last birthday) Months Days 45 6 0			
11. BIRTHPLACE (City and State or Foreign Country) Saint Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John (?) Howard		13b. MOTHER'S MAIDEN NAME Lannie Lewis			
14. NAME OF HUSBAND OR WIFE Lorene Hoerr		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. 492-05-2011		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J.F. Howard, Saint Louis, Mo.			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary artery disease with final occlusion</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>4201</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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?					
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 <i>10:40 P.M.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>John R Roberts</i>				23b. ADDRESS <i>3714 Washington, St Louis, Mo.</i>		23c. DATE SIGNED <i>8/7/55</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 10, 1955		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery		24d. LOCATION (City, town, or county) (State) Saint Louis Co., Mo.			
DATE REC'D BY LOCAL REG. Aug 7 1955		REGISTRAR'S SIGNATURE <i>Francis Hamilton</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>William H. Harnel</i>		ADDRESS St Louis, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 20 1959

AUG 29 1958

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 *Frank R. Amalfi*

Licensed Embalmer No. *48*

P. O. Address *St. Charles*

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.