

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1956

State File No. 2777

BIRTH NO. \_\_\_\_\_ REG. DIST. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 34

|                                                                                                                  |  |                                                                                                                              |                                                        |                                                                                |  |
|------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY                                                                                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY |                                                        |                                                                                |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>St. Louis</u>              |  | c. LENGTH OF STAY (In this place)<br><u>5 years</u>                                                                          |                                                        | c. CITY OR TOWN <u>St. Louis</u>                                               |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethesda Hospital</u>                                                 |  | e. STREET ADDRESS (If rural, give location) <u>1919 Angelrodt</u> <u>226 1/2</u>                                             |                                                        |                                                                                |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>STEPHEN</u> b. (Middle) <u>W.</u> c. (Last) <u>HOWARTON</u> |  |                                                                                                                              | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>1 1 56</u> |                                                                                |  |
| 5. SEX <u>Male</u>                                                                                               |  | 6. COLOR OR RACE <u>White</u>                                                                                                |                                                        | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Never Married</u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Infant</u>     |  | 10b. KIND OF BUSINESS OR INDUSTRY                                                                                            |                                                        | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>  |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                                                    |  |                                                                                                                              |                                                        |                                                                                |  |

|                                               |  |                                                 |  |                             |  |
|-----------------------------------------------|--|-------------------------------------------------|--|-----------------------------|--|
| 13a. FATHER'S NAME<br><u>Stephen Howarton</u> |  | 13b. MOTHER'S MAIDEN NAME<br><u>Mattie Jung</u> |  | 14. NAME OF HUSBAND OR WIFE |  |
|-----------------------------------------------|--|-------------------------------------------------|--|-----------------------------|--|

|                                                                                                                       |  |                                      |  |                                                                                      |  |
|-----------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--|--------------------------------------------------------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |  | 16. SOCIAL SECURITY NO.<br><u>No</u> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Stephen Howarton, 1919 Angelrodt</u> |  |
|-----------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--|--------------------------------------------------------------------------------------|--|

|                                                                                                                                                                                                                                 |  |                                                                                                                                                                       |  |  |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>                                                              |  |  | INTERVAL BETWEEN ONSET AND DEATH |
|                                                                                                                                                                                                                                 |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |  |                                  |
|                                                                                                                                                                                                                                 |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Palsy</u>             |  |  |                                  |

|                        |  |                                                 |  |  |                                                                          |  |
|------------------------|--|-------------------------------------------------|--|--|--------------------------------------------------------------------------|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>491X</u> |  |  | 20. AUTOPSY?<br>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? |  |
|--------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|----------------------------|--|

22. I hereby certify that I attended the deceased from Jan 1, 1956 to Jan 1, 1956, that I last saw the deceased alive on Dec 31, 1955, and that death occurred at 2 P.M. from the causes and on the date stated above.

|                                                                |  |                                               |  |                                     |  |
|----------------------------------------------------------------|--|-----------------------------------------------|--|-------------------------------------|--|
| 23a. SIGNATURE (Degree or title)<br><u>Robert L. Cook M.D.</u> |  | 23b. ADDRESS<br><u>508 V Grand Bluffs Ave</u> |  | 23c. DATE SIGNED<br><u>Jan 3 56</u> |  |
|----------------------------------------------------------------|--|-----------------------------------------------|--|-------------------------------------|--|

|                                                             |  |                              |  |                                                                            |  |
|-------------------------------------------------------------|--|------------------------------|--|----------------------------------------------------------------------------|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>removal</u> |  | 24b. DATE<br><u>1-4-1956</u> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park</u>                 |  |
|                                                             |  |                              |  | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis Co., Mo.</u> |  |

|                                               |  |                                                     |  |                                                                                          |  |
|-----------------------------------------------|--|-----------------------------------------------------|--|------------------------------------------------------------------------------------------|--|
| DATE REC'D BY LOCAL REG.<br><u>JAN 3 1956</u> |  | REGISTRAR'S SIGNATURE<br><u>J. Earl Smith, M.D.</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>McLaughlin F.H., Inc., 2301 Lafayette</u> |  |
|-----------------------------------------------|--|-----------------------------------------------------|--|------------------------------------------------------------------------------------------|--|

*m. j. B.* (Licensed Embalmer's Statement on Reverse Side)

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 P. Chapman*.....  
Licensed Embalmer No. *4550*.....  
P. O. Address *St. Louis*.....

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.