

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **25447**

S. No. 300
V. 10.48

FILED JUL 18 1956

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 544		Registrar's No. 1654									
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE Missouri				b. COUNTY Crawford							
b. CITY (If outside corporate limits, write RURAL and give town or township) Kirkwood, Mo.				c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN Steelville		d. In Residence within limits of city or incorporated town? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes							
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				e. STREET ADDRESS (If rural, give location) Rural Route No. 2				0280							
3. NAME OF DECEASED (Type or Print)			a. (First) Henry			b. (Middle) L.			c. (Last) Howdeshell			4. DATE OF DEATH (Month) (Day) (Year) 7 4 56			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 7, 1899		9. AGE (In years last birthday) 56		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) Laborer				10b. KIND OF BUSINESS OR INDUSTRY James Foundation Park				11. BIRTHPLACE (City and State or Foreign Country) Crawford County, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Howdeshell				14. NAME OF HUSBAND OR WIFE Unknown							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. Nil				17. INFORMANT'S SIGNATURE OR NAME Marie Howdeshell				ADDRESS Steelville, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic Leukemia				prob 2 mon							
				ANTECEDENT CAUSES				DUE TO (b) Secondary bronchopneumonia				2 4 hours			
								DUE TO (c) Secondary hemorrhage				8 hours			
				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 (Specify) suicide				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? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 7-4-56 to 7-4-1956 , that I last saw the deceased alive on 7-4-56 , 19 56 , and that death occurred at B-15A m. , from the causes and on the date stated above.															
23a. SIGNATURE Leon S. Polak, M.D.				(Degree or title)				23b. ADDRESS 109 No. Taylor, Kirkwood Mo				23c. DATE SIGNED 7-5-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal				24b. DATE 7-7-56				24c. NAME OF CEMETERY OR CREMATORY Martin Cemetery				24d. LOCATION (City, town, or county) (State) Cherryville, Missouri.			
DATE REC'D BY LOCAL REG. 7-7-56				REGISTRAR'S SIGNATURE Herbert B. Donohue				25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe				ADDRESS 4700 Washin ton Blv			

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

(Licensed Embalmers' Statement on Reverse Side)

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. Wm. Bentsley*.....
Licensed Embalmer No. *361*

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.**