

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25469

FILED AUG 1 - 1956

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 1731

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u> | | c. LENGTH OF STAY (In this place) <u>4 years</u> | c. CITY OR TOWN <u>Kirkwood 4693</u> 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 <u>Maplewood Nursing Home</u> | | e. STREET ADDRESS (If rural, give location) <u>329 E. Argonne Drive</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>MINNIE</u> | b. (Middle) <u>T.</u> | c. (Last) <u>HOWELL</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 16, 1956</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>March 31, 1866</u> | 9. AGE (In years last birthday) <u>90</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>15</u> | IF UNDER 2 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kirkwood, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Henry Thatenhorst</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>James Howell</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>John Howell</u> | ADDRESS <u>125 S. Kirkwood Rd., Kirkwood</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis/Heart disease</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) <u>4200</u> |
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| 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? |
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22. I hereby certify that I attended the deceased from 6-29, 1956, to 7-16, 1956, that I last saw the deceased alive on 6-29, 1956, and that death occurred at 9:25 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Robert C. Loisy</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>126 E. Jefferson, Kirkwood Mo.</u> | 23c. DATE SIGNED <u>7-16-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7/18/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>7-17-56</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Douberne</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Popp, Inc.</u> | ADDRESS <u>Kirkwood, Mo.</u> |
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WRITE PLAINLY—USING UNFAADING 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.....
Bernard J. [unclear]

Licensed Embalmer No. *436*

P. O. Address *[unclear]*

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.