

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29574

STATE FILE NUMBER

318

1003

Registration District No. Primary Registration District No. Registrar's No. 7383

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN St. Louis Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4216 St. Louis Ave. Length of stay in 1b | | d. STREET ADDRESS 4216 St. Louis Ave. (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Mary Howard | | | 4. DATE OF DEATH Month Day Year Aug. 5, 1957 |
| 5. SEX Female 3 | 6. COLOR OR RACE col | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb 10 1891 |
| 9. AGE (In years last birthday) 66 | | 10. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) St. Charles, Missouri |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Anderson Scott | | 14. MOTHER'S MAIDEN NAME Addie Pullman | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Arthur Scott 1846 Olive; St. Chas, Mo. |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Heart Disease DUE TO (b) Hypertension DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | INTERVAL BETWEEN ONSET AND DEATH 2 mos. |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 | | | 443 x |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from June 1 to Aug. 15 and last saw her alive on Aug. 15. Death occurred at 9 A.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) L. H. Howell M.D. | | 22b. ADDRESS 2902 Ladelle | 22c. DATE SIGNED 8/7/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Aug. 9, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | 23d. LOCATION (City, town, or county) (State) St. Charles, Missouri |
| 24. FUNERAL DIRECTOR Address Jas. V. Randle 3133 Bell Dr. | | 25. DATE RECD. BY LOCAL REG. 8-7-1957 | 26. REGISTRAR'S SIGNATURE J. Carl Smith, MO M8B |

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Ester K. Harris*.....

Licensed Embalmer No. *4*

P. O. Address *4181 W*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.