

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019807
Stat. File No.

FILED MAY 16 1958

318

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4851F
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
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, write RURAL and give townships) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 12		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION O/I 45 Lewis Place				STREET ADDRESS (If rural, give location) 45 Lewis Place			
3. NAME OF DECEASED (Type or Print) Leslie		u. (i first) B.		c. (Last) Howell		4. DATE OF DEATH (Month) (Day) (Year) May 2, 1958	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH Feb. 9, 1899	
9. AGE (In years last birthday) 59-69		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 12 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10b. KIND OF BUSINESS OR INDUSTRY Dr.		11. BIRTHPLACE (City and State or Foreign Country) Tytus, Alabama		12. COUNTRY OF WHAT CITIZENRY? U. S. A.	
13a. FATHER'S NAME Eugene Howell		13b. MOTHER'S MAIDEN NAME Carrie Harris		14. NAME OF HUSBAND OR WIFE Dovie Howell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME Dovie Howell			
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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus INTERVAL BETWEEN ONSET AND DEATH Unk now Unk now		MEDICAL CERTIFICATION				ADDRESS 45 Lewis Place	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR? 443 x	
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 June 29, 1953, to May 1, 1958, that I last saw the deceased alive on May 1, 1958, and that death occurred at 12:45 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Chas. P. Farde, M.D.		(Degree or title) 0		23b. ADDRESS 2746a Franklin Ave.		23c. DATE SIGNED May 5, 1958	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-7-58		24c. NAME OF CEMETERY OR CREMATORY National		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
DATE REC'D BY LOCAL REG. MAY 6 '58		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE E. B. France		ADDRESS 1221 N. Grand	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Corrected by affidavit 5/29/58 pef

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 *H. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Ald*

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.