SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ED APR 7 1961

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2875

-61-011016 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Lukes Hospital
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: University City
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 8042 Delmar Blv'd.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Robert Middle: A. Last: Howard
4. DATE OF DEATH: Month, Day, Year: March 25, 1961
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: JUNE 5 1891
9. AGE (last birthday): 69
IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LIVESTOCK BROKER
10b. KIND OF BUSINESS OR INDUSTRY: LIVESTOCK
11. BIRTHPLACE (City and state or country): ELSBERRY, MO
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: CHARLES M. HOWARD
13b. MOTHER'S MAIDEN NAME: LELA WATERS
14. NAME OF HUSBAND OR WIFE: DOROTHY HOWARD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS D. HOWARD 8042 DELMAR, ST LOUIS 30 MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 420.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1954, to death and last saw her/him alive on 3/26/61
Death occurred at 6 05 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert Davis (Degree or title) M.D.
22b. ADDRESS: 3720 Washington, St Louis
22c. DATE SIGNED: 3/26/61

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 3/27/61
23c. NAME OF CEMETERY OR CREMATORY: OAK GROVE CEMETERY
23d. LOCATION (City, town, or county) (State): ST LOUIS COUNTY, MO

24. FUNERAL DIRECTOR: C.R. Lupton and Sons ADDRESS: 7233 Delmar Blvd.
25. DATE RECD. BY LOCAL REG.: MAR 27 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DATE AMENDED | INSTEAD OF | DOCUMENT | ITEM NO. | SHOULD READ | BY AFFIDAVIT OF

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_____ Signed Clarence H. Murr

Signature of Student Embalmer

Licensed Embalmer No. 4011

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.