

MISSOURI DEATH - STANDARD CERTIFICATE OF DEATH

-61-042533
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10565

FILED NOV 28 1961

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| 1. PLACE OF DEATH a. COUNTY <u>Missouri</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u> | | Length of stay in 1b | c. CITY OR TOWN <u>St Louis</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3833 WINDSOR</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>3833 WINDSOR</u> |
| | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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|---|---------------------------|---|--|--|---|--|
| 3. NAME OF DECEASED (Type or print) First <u>WALTER</u> Middle Last <u>HOWARD</u> | | | 4. DATE OF DEATH Month <u>11</u> Day <u>10</u> Year <u>61</u> | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>C</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6-28 1911</u> | 9. AGE (last birthday) <u>50</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>12</u> | IF UNDER 24 HR Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>YAZOO CITY, MISS. U.S.A</u> | | 12. CITIZEN OF WHAT COUNTRY | |
| 13a. FATHER'S NAME <u>Ezekiel Howard</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY Miller</u> | | 13c. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/> None | | |
| 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>No</u> | | 17. INFORMANT <u>Electra Jones 3833 Windsor</u> | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | <u>Hypertension, Chronic Myocarditis</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Nephritis, Chronic</u> | |
| | DUE TO (c) <u>Rheumatoid Arthritis</u> | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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.) <u>592X</u> |
| 20c. TIME OF INJURY Hour a.m. p.m. | Month, Day, Year | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 <u>Estou</u> COUNTY STATE |
| 21. I attended the deceased from <u>Estou</u> to <u>11-10-61</u> and last saw her/him alive on <u>11-10-61</u> Death occurred at <u>4:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | |

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| 22a. SIGNATURE <u>Walter Howard</u> | (Degree or title) | 22b. ADDRESS <u>3000 E. Estou</u> | 22c. DATE SIGNED <u>11/13/61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>11-16-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD CEM. ST. LOUIS CO., MO.</u> | 23d. LOCATION (City, town, or county) <u>St. Louis, MO.</u> |
| 24. FUNERAL DIRECTOR <u>WALTON 2707 Stoddard</u> | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>NOV 14 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u> |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

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.