

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048434

318

1003

12238

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

**FILED JAN 2 1962**

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **11 yrs**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Homer G. Phillips** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY \_\_\_\_\_  
 c. CITY OR TOWN **St. Louis** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **1241 Euclid** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Andrew** Middle \_\_\_\_\_ Last **Howard** 4. DATE OF DEATH Month **12** Day **18** Year **62**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **1/11/1900** 9. AGE (last birthday) **62** IF UNDER 1 YEAR Months **11** Days **7** IF UNDER 24 HR Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Porter** 10b. KIND OF BUSINESS OR INDUSTRY **Wolf Shoe Fact.** 11. BIRTHPLACE (City and state or country) **Brookhaven, Miss.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Charles Howard** 13b. MOTHER'S MAIDEN NAME **Sarah (unk.)** 14. NAME OF HUSBAND OR WIFE **Geneva Howard**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No.** 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT Address **Geneva Howard, 1241 Euclid**

18. CAUSE OF DEATH (Enter only one cause per line)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Bronchopneumonia**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **491XH**  
 DUE TO (c) \_\_\_\_\_  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Carcinoma of the Head of the Pancreas**  
 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 \_\_\_\_\_ 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 **5:15 Am. 12-17-62** to **12-18-62** and last saw him alive on **12-18-62**  
 Death occurred at **7:55 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *[Signature]* (Degree or title) \_\_\_\_\_ 22b. ADDRESS **2601 N. Whittier** 22c. DATE SIGNED **12-19-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **12/22/62** 23c. NAME OF CEMETERY OR CREMATORY **Greenwood Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

24. FUNERAL DIRECTOR **Charles J. Gates, Jr., 4107 Finney** ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. **DEC 20 1962** 26. REGISTRAR'S SIGNATURE *[Signature]*

VS 300 Rev. 4/59  
 1  
 2 **212**  
 3  
 4 **2**  
 5 **1**  
 6  
 7 **1**  
 8 **1**  
 9  
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 11  
 12 **77-0**  
 13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

77

**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 Raymond Dickson, Student Embalmer No. 665

working under my personal supervision.

Student

Raymond Dickson  
Signature of Student-Embalmer

Signed

Georton Swann

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

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.