

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35502

State File No.

9196

FILED NOV 16 1942

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Home Phillips O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 hrs
(Specify whether)

In this community 0
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
2/19

(c) City or town St Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2760 a Chouteau
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME MYRA NA HOWELL

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex female 5. Color or race col 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased NOV 11 1940
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 1st, year 1942 hour 4:55 minute A M.

21. I hereby certify that I attended the deceased from 19 to 19 ; that I last saw h. alive on 19 and that death occurred on the date and hour stated above.

8. AGE: Years 1 Months 11 Days 20 If less than one day hr. min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify). 000

(b) Date of occurrence 11/4/42

(c) Where did injury occur? 130
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 000

(Specify type of place) (e) Means of injury

While at work 000

11. Industry or business.

12. Name RUBIN HOWELL

13. Birthplace TIPTONVILLE TENN
(City, town, or county) (State or foreign country)

14. Maiden name CLOTHIELD HARDEN

15. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant CLOTHIELD HOWELL

(b) Address 2760 a Chouteau

17. (a) None (b) Date thereof 11 4 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON

18. (a) Signature of funeral director S. J. Budick

(b) Address 5769 Chouteau

19. (a) NOV 4 1942 (b) J. S. Budick
(Date received local registrar) (Registrar's signature)

Major findings: 8
Of operation 181 Pending

Of autopsy 130

PHYSICIAN —
Underline the cause to which death should be charged statistically.

23. Signature Thomas F. Callender (M. D. or other) 11/4/42
Address Deputy Coroner Date signed 11/4/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

S J Watson

Licensed Embalmer No.....

2698

P. O. Address.....

2769 Chouteau

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 this body is not embalmed, fact should be so stated above.