

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

3124

**1. PLACE OF DEATH**

County.....

Registration District No. 791

File No. F 759

Township.....

Primary Registration District No. 1003

Registered No. 759

City St. Louis (No. City 176 petals)

St. .... Ward)

**2. FULL NAME** Edw. Houser (Houser)

(a) Residence. No. 311 St. 23 Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25 - 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. ... min.  
50 | 0 | 25 |    |   

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Lawyer  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Claggett Houser

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT (Address) City 176 petals

15. FILED Nov 20 1928 Max B. Starkey REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20 1928

17. I HEREBY CERTIFY That I attended deceased from Nov 22, 1927 to Jan 20, 1928 that I last saw him alive on Jan 20, 1928, and that death occurred, on the date stated above, at    hrs.    min.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Epithelioma of Lip & Neck of Malignant  
45A (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 43 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Leech M. Smith M. D.  
120, 1928 (Address) City 176 petals

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
St Peter & Paul 1-21 1928

20. UNDERTAKER REGISTERED ADDRESS  
Wicks Bros 2201 So Grand

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

Hansen