

N. 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.

2435-N. Grand

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

Do not use this space.

14207

1. PLACE OF DEATH
 County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 6033
 City Overland (No. Romaine ave) St. _____ Ward _____

2. FULL NAME Mary Houston
 (a) Residence, No. Romaine ave St. _____ Ward. Overland Mo
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17-1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
91 1 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Alabama Ealer
 (ADDRESS) Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Negron, Ill. DATE 4-19 1935

19. UNDERTAKER Quinn's, Overland
 (ADDRESS) Overland, Mo.

20. FILED 4-19-1935 Al Baehmer
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1935

22. I HEREBY CERTIFY, That I attended deceased from January 10 1934, to April 16 1935.
 I last saw him alive on April 15 1935. Death is said to have occurred on the date stated above, at 8:00 A.M.
 The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Date of onset 1925

Other contributory causes & importance
Tome forter 1930
Chronic myocarditis 1930

Name of operation _____ Date of _____
 What test confirmed diagnosis laboratory Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Al Baehmer M. D.
 (Address) 2435 N. Grand Blvd.

WHITE PRINTING, WITH UNFADING INK. THIS IS THE ONLY WAY TO OBTAIN PERMANENT RECORDS.

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