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.

DEC 3 1936

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

Do not use this space.

39918

File No. 11261

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. City Santarium St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Frank Houser

(a) Residence, No. 5800 Arsenal St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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: ?

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 28, 1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
69	11	26	

OCCUPATION

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

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): Ohio.

FATHER

13. NAME: Sam Houser

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

MOTHER

15. MAIDEN NAME: Catherine ?

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

17. INFORMANT (ADDRESS): J.G.Sullivan 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington U. DATE 10 - 31 1936

19. UNDERTAKER (ADDRESS): W Richter 3500 Bates St.

20. FILED NOV 13 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1935, to Oct. 24, 1936

I last saw him alive on Oct. 24, 1936 Death is said to have occurred on the date stated above, at 3:05 A.M.

The principal cause of death and related causes of importance were as follows:

CHRONIC MYOCARDITIS

Date of onset

Other contributory causes of importance:

ARTERIOSCLEROSIS, generalized

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) [signature], M. D.

(Address) 5600 Arsenal