DEC 28 1937

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

42392
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 788
(b) Township Jeff — Primary Registration District No. 4471 — Registered No. 111
(c) City Webster Groves — (d) Street No. 118 S. Gore Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jerome Adrian Houghton
(a) Residence, No. 118 S. Gore Ave. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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~~ Ella F. Houghton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26, 1863

7. AGE: YEARS 74 — MONTHS 10 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Organizer
9. Industry or business in which work was done, as saw mill, bank, etc. Mining Industry
10. Date deceased last worked at this occupation (month and year) retired 10 Yrs.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER
13. NAME Stephen Houghton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Martha Creft
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Dr. M.G. Houghton 118 S. Gore Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Oak Hill Cem. DATE 11-29 1937

19. FUNERAL DIRECTOR (ADDRESS) Kriegshauser Mortuaries 4228 So. Kingshighway

20. FILED 11-27- 1937 Jules R. Yore Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1937, to Nov. 26, 1937
I last saw him alive on Nov. 25, 1937. Death is said to have occurred on the date stated above, at 5:10 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis agitans.	1936

Other contributory causes of importance:

87B

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) C. Kleinschmidt, M. D.
(Address) 520 Metropolitan Bldg

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X12004

Dr Kleinschmidt
Metro Bldg. 2-4

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No. .....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. .....

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Edwin D McDermott

Licensed Embalmer No. 3024

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.)