

AN 11 1939

REC'D FEB 7 1939

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

3837
Do not use this space.

1. PLACE OF DEATH *2*

(a) County *St. Louis* Registration District No. *784*

(b) Township *Wendover* Primary Registration District No. *209*

(c) City *Overland* (d) Street No. *9117* *Backland* Registered No. *55*

(e) Length of residence in city or town where death occurred *20* yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Thomas C. Houser*

(a) Residence, No. *9117-Backland* St. (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 *Anna Ethel Houser*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 29-1877*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *61/2 7 11*

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Contractor*

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

10. Date deceased last worked at this occupation (month and year) *1/9/39* 11. Total time (years) spent in this occupation. *25 yrs.*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Big Springs, Tenn.*

FATHER 13. NAME *Thomas Houser*

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

MOTHER 15. MAIDEN NAME *Mahinda Pieth*

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

17. INFORMANT (ADDRESS) *Anna Ethel Houser 9117-Backland Overland, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Flu-Flu Cem.* DATE *1-12-39*

19. FUNERAL DIRECTOR (ADDRESS) *Barnard Bros. Inc. 2504 Woodson St. Overland, Mo.*

20. FILED *JAN 11 1939* *R. Meyer M.D. Local Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 9 1939*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on....., 19____. Death is said to have occurred on the date stated above, at *3:05 p.m.*

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

Coronary atherosclerosis

Date of onset *1/9/39*

Other contributory causes of importance: *94 P.*

Name of operation..... Date of.....

What test confirmed diagnosis *History* 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) *John O. Brouse* M. D. *4*

(Address) *Overland, Mo.*

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.

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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 *Oscar E. Mueller*

Licensed Embalmer No. *3039*

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.)