S. No. 2
M—1-4-41
v. 5-17-39
I X28390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37004

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9234

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6yrs.10mos.6ds. (Specify whether In this community years, months or days) 25 yrs. 4 mos. 7 ds.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2419 McNair Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CLEGGETT HOUSER

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 13, 1916 (Month) (Day) (Year)

8. AGE: Years 25 Months 4 Days 7 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Edward Houser
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Caroline Wein
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Hospital Records
(b) Address City Sanitarium

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 21, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter and Paul Cm.

18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) NOV 21 1941 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19 year 1941 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from 7-1-40, 19, to 11-19-41, 19; that I last saw him alive on 11-19-41, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Paresis	7-1-40x
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Yes	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. R. Eidelman (M.D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.)

If this body is not embalmed, fact should be so stated above.