

S. No. 2
M-9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4486
1129

State File No. _____
Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution:
3634 Olive St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Webster Groves
(d) Street No. 678 N. Forest Ave.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clarence Ray Huston

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-01-0648

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stella Huston 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 11 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>2</u>	<u>23</u>	_____ hr. _____ min.

9. Birthplace Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation District Manager

11. Industry or business Bowser Pump Co.

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Stella Huston
(b) Address 678 N. Forest Ave.

17. (a) Removal (b) Date thereof 2-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingman Ind.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd

19. (a) FEB 5 1942 (b) J. T. Bedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 4
year 1942 hour 12 minute 30 P.

21. I hereby certify that I attended the deceased from Dec 7 - 1933
to Feb 3 1942
that I last saw alive on Feb 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of aorta
Due to arterio-sclerosis
cause unknown

Due to _____

Other conditions (Include pregnancy within 3 months of death) 96

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. T. Bedeck (M. D. or other) _____
Address 6504 Delmar Date signed 2/4/42

DV

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

2

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 Warren J. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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.