U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1942 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

32057

State File No. 8617

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. _____

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

1. PLACE OF DEATH:
(a) County: Saint Louis
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4223 Enright Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED: 000
(a) State: Missouri (b) County: Saint Louis 17
(c) City or town: St. Louis 11 9
(If outside city or town limits, write "RURAL")
(d) Street No.: 3739 Windsor Pl.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Arthur Houston
3. (b) If veteran, name war: --
3. (c) Social Security No.: --
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: -- years
7. Birth date of deceased: About (Month) 1873 (Day) (Year)

8. AGE: Years: Abt. 69 Months: Days: If less than one day: hr. min.

9. Birthplace: Memphis (City, town, or county) Tennessee / (State or foreign country)
10. Usual occupation: Teacher (school)
11. Industry or business: --

MOTHER FATHER
12. Name: George Houston
13. Birthplace: Unknown (City, town, or county) Georgia / (State or foreign country)
14. Maiden name: Kate Atkins
15. Birthplace: Unknown (City, town, or county) Tennessee / (State or foreign country)

16. (a) Informant: Vallie R. Finnie
(b) Address: 669 Greenlow Avenue
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10-17-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Chicago, Illinois
18. (a) Signature of funeral director: Charles J. Gates
(b) Address: 4107 Finney
19. (a) OCT 17 1942 (Date received local registrar) (b) Jt Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th. year 1942 hour 8:30 minute p. M.
21. I hereby certify that I attended the deceased from ? 19 20 Oct 12 19 42
that I last saw him alive on Oct 12 19 42
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina Pectoris	
Due to: Coronary Sclerosis	
Due to: 0	
Other conditions (Include pregnancy within 3 months of death): 0	
Major findings: Of operations: 0	
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? (Specify type of place)
While at work?
(e) Means of injury
23. Signature: W. P. Curtis (M. D. or other)
Address: 4102a Finney Ave. 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 James A. Johnson, Registered Apprentice No. ....., working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.