S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

35497

State File No. 9863

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: 2310 Chestnut St (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:

(a) State Mo (b) County 000 17 2 9

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

(d) Street No. 2310 Chestnut (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Willie Houston

3. (b) If veteran, name war

3. (c) Social Security No. 494-05-0661

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Bessie Houston

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased June (Month) 18 (Day) 1903 (Year)

8. AGE: Years 39 Months 5 Days 4 If less than one day hr. min.

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

10. Usual occupation Porter

11. Industry or business

MOTHER FATHER

12. Name Wade Houston

13. Birthplace (City, town, or county) Johnson (State or foreign country)

14. Maiden name Maggie Harris

15. Birthplace (City, town, or county) Ga (State or foreign country) Carolina

16. (a) Informant Bessie Houston

(b) Address 2310 Chestnut

17. (a) Shipped (Burial, cremation, or removal) (b) Date thereof Nov 27 (Month) 1942 (Day) (Year)

(c) Place: burial or cremation Dumas Ark

18. (a) Signature of funeral director F. A. Green

(b) Address 7915 Franklin ave

19. (a) NOV 27 1942 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22 year 1942 hour 3 minute 15 a.m.

21. I hereby certify that I attended the deceased from May 1st 1942 to November 22 1942 that I last saw him alive on Nov. 22nd 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no.

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) no

(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. T. Edwards (M. D. or other)

Address 1936 Franklin Ave. Date signed 11-23-42

(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. 2963

P. O. Address 2915 Franklin av

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.