

FILED DEC 15 1942

Registration District No.

Primary Registration District No.

Registrar's No.

10190

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community 19 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 000  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2307 Clark Ave.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

Hannah Houston

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race 3 Negro 6. (a) Single, widowed, married, divorced 1 Married  
6. (b) Name of husband or wife Unknown James Houston 6. (c) Age of husband or wife if alive 29 years  
7. Birth date of deceased April 7, 1911  
(Month) (Day) (Year)

8. AGE: Years 31 Months 7 Days 25 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

12. Name James Rodges  
13. Birthplace Unknown Ark. (City, town, or county) (State or foreign country)  
14. Maiden name Sallie Hight  
15. Birthplace Unknown Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Shirley M. Smith  
(b) Address 2501 N. Whittier

17. (a) Burial (b) Date thereof 12-8-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. J. Watson  
(b) Address 2769 Stanton

19. (a) DEC 7 1942 (b) J. J. Watson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2, year 1942 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from November 29, 1942 to December 2, 1942; that I last saw her alive on December 2, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Fundus Duration Unknown

Due to H

Due to H

Other conditions H  
(Include pregnancy within 5 months of death)

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 E. L. Jackson (M. D. or other)  
Address 2601 Whittier Date signed 12/4/42

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

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**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 J. J. Watson

Licensed Embalmer No. 2695

P. O. Address 2769 Chouteau

**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.**