

FILED JUN 19 1943

318

1003

5308

Registration District No.

Primary Registration District No.

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:
Firmin Des Loge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5728 Enright Avenue.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William F. Houchin

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Bertha 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased August 29 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 9 9 hr. min.

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

10. Usual occupation Retired Clothing salesman

11. Industry or business

12. Name John B. Houchin

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

14. Maiden name Margaret Jones

15. Birthplace Atlanta Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Houchin

(b) Address 5728 Enright Avenue.

17. (a) Burial (b) Date thereof 6/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City, Mo

18. (a) Signature of funeral director Mittelberg Funeral Home

(b) Address Webster Groves, Missouri

19. (a) JUN 8 1943 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 8
year 1943 hour 2:42 minute A. M.

21. I hereby certify that I attended the deceased from 6-6, 1943 to 6-8, 1943

that I last saw him alive on 6-8, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia - Right Base Duration 5 days

Due to.....

Due to.....

Other conditions Old Infant - Left Ventricle
(Include pregnancy within 3 months of death)

Major findings: Generalized Arteriosclerosis PHYSICIAN

Of operations.....
Of autopsy Same as Above
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 GEORGE BROWN (M. D. or other) M.D.

Address 13255 Grand Date signed 6/8/43

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

MOTHER FATHER

*Holliston
Hanshaw*

AUG 13 1944

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..... *Henry M. Brammer*

Licensed Embalmer No..... *7200*

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.