

S. No. 2
M-5-42
V. 5-17-39
X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23103
State File No. _____
Registrar's No. 6226

FILED JUL 17 1943

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(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 _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5414 DELMAR BL.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME W. OSCAR HOUSAM

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MINNIE 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased FEB. 4 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 5 4 _____ hr. _____ min.

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

10. Usual occupation DIVISION SUPERINTENDANT

11. Industry or business SOUTHWEST BELL TEL. Co.

12. Name WILLIAM HOUSAM

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

14. Maiden name MARY E DUNICERLEY

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

16. (a) Informant Mrs Minnie Housam
(b) Address 5414 Delmar Bl

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUL. 10 1943
(Month) (Day) (Year)
(c) Place: burial or cremation SHILOH, ILL.

18. (a) Signature of funeral director L. Mullen and Co.
(b) Address 5165 DELMAR BL.

19. (a) JUL 9 1943 (Date received local registration) J. F. Prebeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JULY day 8th
year 1943 hour 3 minute 55 P.M.

21. I hereby certify that I attended the deceased from MAY 5
1941, to JULY 8 1943
that I last saw him alive on JULY 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy none

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. D. Thompson (M. D. or other) 0
Address 4952 Maple Ave. Date signed 7-9-43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

AUG 21 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 W. G. Harris
Licensed Embalmer No. 3384
P. O. Address St Louis

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.