

No. 2
-5-43
5-17-39
I X36671

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

FILED FEB 1 1944
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **754**

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:
615 West Marceau Street
(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 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
12

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9

(d) Street No. 613 West Marceau
(If rural, give location) 1

(e) Citizen of foreign country? ----- (Yes or No)
If yes, name country ----- 0

3. (a) PRINT FULL NAME Margaret Louise Houston

3. (b) If veteran, name war. -----

3. (c) Social Security No. -----

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife James

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

7. Birth date of deceased June 1, 1852
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>91</u>	<u>7</u>	<u>23</u> hr. min.

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

10. Usual occupation Housework at home

11. Industry or business -----

12. Name Thomas Crosby

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

14. Maiden name Ann Smith

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

16. (a) Informant George Houston

(b) Address 613 West Marceau

17. (a) Burial (b) Date thereof Jan. 27, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Avenue

19. (a) JAN 25 1944 (b) J. F. Bredon
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day Jan
year 1944 hour 10.30 minute A.M.

21. I hereby certify that I attended the deceased from Sept 10
1942 to Jan 24 1944

that I last saw her ER alive on Jan 24 1944
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS Duration 1.5

Due to SENILITY

Due to 93

Other conditions (Include pregnancy within 3 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 Paul R. Kogelman (M. D. or other) 0
Address 116 Jersey Terrace Date signed Jan 27/44

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: *Oliver E. Bendish*

Licensed Embalmer No. *4178*

P. O. Address: *Pinney Mo*

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.