

FILED MAR 6 1944
Registration District No. **378**

Primary Registration District No. **1003**

Registrar's No. **1742**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Enroute to City Hospital 3
(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 Missouri (b) County 000
17

(c) City or town St. Louis 95
(If outside city or town limits, write "RURAL")

(d) Street No. 5322 Vernon
(If rural, give location)

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

3. (a) PRINT FULL NAME Luther Ashley Houston

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1944 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....

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

6. (b) Name of husband or wife Alice Houston 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased January 4 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>57</u>	<u>1</u>	<u>17</u>	hr. min.
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9. Birthplace Kemper County Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Salesman

11. Industry or business.....

MOTHER FATHER { 12. Name William E. Houston

13. Birthplace Kemper County Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Anna E. Barefield

15. Birthplace Kemper County Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Houston

(b) Address 3961 Westminster

17. (a) Removal (b) Date thereof 2-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Philadelphia, Miss.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) FEB 22 1944 (b) J. Forester
(Date received local registrar) (Registrar's signature)

Coronary Thrombosis

Due to.....

Due to.....

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 3

23. Signature W. J. Forester (M., D. or other)
Address W. J. Forester Date signed 2/22/44

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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..... *Albert G. Hoop*.....
Licensed Embalmer No..... *2974*.....
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.