

S. No. 2
M-8-43
5-17-39
P-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12925

State File No.

4169

FILED MAY 15 1944

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(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 12 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") 17
(d) Street No. 3500 Laclede (If rural, give location) 9/18
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1,
year 1944 hour 8 minute 20 A. M.
21. I hereby certify that I attended the deceased from
April 19, 1944, to May 1, 1944;
that I last saw him alive on May 1, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 4 days

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? _____

(Specify type of place) _____
While at work _____ (c) Means of injury _____
23. Signature J. F. Biedeck (M. D. or other) _____
Address 2601 Whittier Date signed 5/6/44

3. (a) PRINT FULL NAME Alvie Houston Houston

3. (b) If veteran, name war World War I 3. (c) Social Security No. unk

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

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

7. Birth date of deceased March 29, 1894
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown 11
(City, town, or county) (State or foreign country)

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

16. (a) Informant Dick Kemp
(b) Address 3348 Laclede

17. (a) Burial (b) Date thereof 5/4/44
(Burial, cremation, or removal) (Month) (Day) (Year)
Jefferson Barracks National Cemetery
Place: burial or cremation

18. (a) Signature of funeral director R.M.C. Green
(b) Address 3517 Laclede Ave

19. (a) MAY 5 1944 (b) J. F. Biedeck
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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

P. M. Sheerin

Licensed Embalmer No. 1175

P. O. Address. 3517 Laekdo Ave

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.