V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36005

FILED NOV 22 1944 18
Registration District No.

Primary Registration District No. 1003

Registrar's No. 9682

1. PLACE OF DEATH:

(a) County
(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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 days (Specify whether
In this community 22 years
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. 520 So. Jefferson
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lizzie Mae House

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife John House

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased April (Month) 6, (Day) 1909 (Year)

8. AGE: Years 35 | Months 7 | Days 6 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Slon
13. Birthplace ? (City, town, or county) Ga. (State or foreign country)

MOTHER
14. Maiden name Mammie Jones
15. Birthplace ? (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant John House
(b) Address 4010 St. Ferdlinand ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Cole Street

19. (a) NOV 15 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12, year 1944 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from October 14, 1944, to November 12, 1944 that I last saw her alive on November 12, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Far advanced pulmonary tuberculosis	Unk.
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? (e) Means of injury

23. Signature Alva Moore (M. D. or other)
Address 2601 N. Whittier Date signed 11/13/44

(Licensed Embalmer's Statement on Reverse Side)

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. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.