

FILED FEB 23 1945  
Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(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 2 mos. 24 days  
(Specify whether  
In this community Life  
years, months or days)

3. (a) PRINT FULL NAME Emma Houston

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

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

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

7. Birth date of deceased 9 18 1881  
(Month) (Day) (Year)

8. AGE: 63 Years 4 Months 21 Days If less than one day  
hr. min.

9. Birthplace ST. LOUIS, MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

12. Name Charles Oates

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

14. Maiden name Unknown

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

16. (a) Informant Andrew Ferry

(b) Address 113 E 45th St. Chicago Ill

17. (a) Burial (b) Date thereof 2-11-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Dennerove

(b) Address 3103 Washington Ave

19. (a) FEB 13 1945 (b) Forreder  
(Date received local registrar) (Registrar's signature)

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. 4180 E nright (If rural, give location) 199  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9,  
year 1945 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from November  
15, 1944, to February 9, 1945

that I last saw her alive on February 9, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Aneurysm of the Aorta (ruptured) Unk.  
syphilis indicated

Due to 30

Due to 30

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

Duration

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 B. F. Murphy (M. D. or other)  
Address 360 N. Walnut Date signed 2/13/45

**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: *H. 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.**