

S. No. 2  
 FORM-5-43  
 Rev. 5-17-39  
 I X6871

State File No. **11247**  
 Registrar's No. **2165**

**FILED MAR 18 1946**  
**STANDARD CERTIFICATE OF DEATH**  
 1003  
 Registration District No. **318** Primary Registration District No. \_\_\_\_\_

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

**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: **City Sanitarium**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **6 mos. 21 ds.**  
(Specify whether years, months or days)

In this community **6 yrs.**  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **JOHN HOUSER**

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

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

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

7. Birth date of deceased **June 1 1868**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>77</b>	<b>9</b>	<b>3</b>	hr. _____ min.

9. Birthplace **Twitter's Creek Ind.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Sam Houser**

13. Birthplace **not known Pennsylvania**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Barlow**

15. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **T. Singer**  
 (b) Address **5400 Arsenal St.**

17. (a) **Cremation** (b) Date thereof **3-6-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mo. Cremation**

18. (a) Signature of funeral director **with Bro. & Sister**  
 (b) Address **2929 S. Jefferson Av.**

19. (a) **MAR 5 1946** (b) **J. F. Budiek**  
(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")  
 (d) Street No. **5800 Arsenal St.**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Mar.** day **4**  
 year **1946** hour **2.05** minute **A.** M.

21. I hereby certify that I attended the deceased from **Nov. 1 1945** to **Mar. 4, 1946**; that I last saw him alive on **Mar. 4, 1946**; and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Gangrene 1 week.**

Duration \_\_\_\_\_

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 \_\_\_\_\_

23. Signature **Cyrus Pachter** (M. D. or other) **O. M. D.**  
 Address **45400 Arsenal** Date signed **3/6/46**

**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.

*not embalmed*

Signed.....

Licensed Embalmer No.....

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.**