

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28712**  
Registrar's No. **6803**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County **St. Louis Mo.**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **Mississippi River**  
(d) Length of stay: **In hospital or institution**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(d) Street No. **UNK.**  
(e) Citizen of foreign country? **No**

In this community **Missouri**  
3. (a) PRINT FULL NAME **William Finlay Houtz**  
3. (b) If veteran, name war **UNK.**  
3. (c) Social Security No. **UNK.**

MEDICAL CERTIFICATION  
20. DATE OF DEATH Month **July** day **12** year **1946** hour **10** minute **15**  
21. I hereby certify that I attended the deceased from **1946** to **1946**  
that I last saw him alive on **July 10, 1946**  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **UNK.**  
6. (c) Age of husband or wife if alive **UNK.**

Duration  
Immediate cause of death **Strangulation Due to Drowning, when a raft he had constructed was thrown against a bridge and collapsed at the foot of Upper St. on July 10, 1946 about 10:00 am accident.**

7. Birth date of deceased (Month) **11** (Day) **16** (Year) **1886**  
8. Age (Years) **60** Months **0** Days **0** If less than one day hr. **0** min. **0**

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations **None**  
Of autopsy **None**

9. Birthplace **UNK.** (City, town, or county) **Ohio** (State or foreign country)  
10. Usual occupation **UNK.**  
11. Industry or business **UNK.**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **ACCIDENT**  
(b) Date of occurrence **JULY 10, 1946**  
(c) Where did injury occur? **MISS RIVER**  
(d) Did injury occur in or about home, or farm, in industrial place, in public place? **SEE ABOVE**  
(Specify type of place) (g) Means of injury **DROWNING**

MOTHER FATHER  
12. Name **UNK.**  
13. Birthplace **UNK.**  
14. Maiden name **UNK.**  
15. Birthplace **UNK.**  
16. (a) Informant **UNK.**  
(b) Address **1300 Olive St.**  
17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **8-5-46**  
**CITY CEMETERY**  
(c) Place: burial or cremation  
18. (a) Signature of funeral director **Albert H. Zappe**  
(b) Address **4700 Washington**  
19. (a) **AUG 3 1946** (Date received local registrar) (b) **J. F. Brebeck** (Registrar's signature)

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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.

*No Embalmer*

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.