

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED NOV 25 1946
318

1003

Registration District No. _____ Primary Registration District 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: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 061

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 517

(d) Street No. 6100 Pershing Ave.
(If rural, give location) 9

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME: Hugo Houck

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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 Dec. 26 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>10</u>	<u>13</u>	hr. min.

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

10. Usual occupation Salesman;
Christy Fire Brick Co.

MOTHER FATHER

11. Industry or business _____

12. Name Julius Houck.

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

14. Maiden name Eva Bishoff,

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

16. (a) Informant J.C. Houck.

(b) Address 6100 Pershing

17. (a) Removal (b) Date thereof 11/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Illinois

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) NOV 12 1946 (b) J.F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Nov. day 9
year 1946 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from Nov. 8
1946 to Death, 1946;

that I last saw him alive on Nov. 9, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage, retroperitoneal

Due to Rupture of aneurysm of abdominal aorta - Unspecified

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations: _____

Of autopsy See above

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 Robert J. Cook MD (M. D. or other) _____

Address Jewish Hospital, 6100 Pershing Ave. Date signed 11-10-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

37545

9614

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

Clarence H. Murray

Licensed Embalmer No.

40117

P. O. Address

St. Louis Mo

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.