. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 13 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18954

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 502

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2239 Walnut St 5
(If rural, give location)

(e) Citizen of foreign country? 22 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Will House

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Wid. 2

6. (b) Name of husband or wife Not known

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

7. Birth date of deceased April (Month) 24 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	1	6	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Ed House
13. Birthplace Miss. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bertha Gray
15. Birthplace Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Rhodes
(b) Address 2601 Whittier

17. (a) Anatomical Board (Burial, cremation, or removal) Date thereof 6-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Home

18. (a) Signature of funeral director [illegible]
(b) Address 3500 Kenton St

19. (a) JUN 3 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1947 hour 4 minute 30 A M.

21. I hereby certify that I attended the deceased from May 19, 1947 to May 30, 1947
that I last saw him alive on May 30, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	Undet.
Due to	
Due to	
Other conditions Renal Azotemia (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause of 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 Edw. B. Williams (M. D. or other)

Address 2601 N Whittier Date signed 6/2/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

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.