

FILED JUN 28 1948

 MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 20984

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5502

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Mo. Baptist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6-weeks
 (Specify whether)

In this community
years, months or days3: (a) PRINT FULL NAME Joseph Ed. Houghton3: (b) If veteran,
name war

3: (c) Social Security No.

4. Sex O M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.6. (b) Name of husband or wife Virginia Houghton 6. (c) Age of husband or wife if alive 39 years7. Birth date of deceased April 28th., 1897
(Month) (Day) (Year)8. AGE: Years 55 Months 1 Days 18 If less than one day hr. min.9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Agent, Tie & Timber,11. Industry or business Mo. & K.R.R.12. Name Joseph Edward Houghton13. Birthplace England
(City, town, or county) (State or foreign country)14. Maiden name Esther M. Moore WHITE15. Birthplace Ireland
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Virginia Houghton(b) Address 4936a Fyler Ave.17. (a) Burial (b) Date thereof 6-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park Cemetery18. (a) Signature of funeral director Arthur J. Donnelly(b) Address 3840 Lindall Blvd.19. (a) JUN 17 1948 (Date received local registrar) J. F. Breda (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4936a Fyler Ave.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th.,
year 1948 hour 9 minute a. M.21. I hereby certify that I attended the deceased from Jan 1947
to June 16, 1948
that I last saw him alive on June 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral thrombosis Duration 3 hrsDue to hypertension 3 yrsDue to Rt hemiplegia 1 moOther conditions left facial paralysis
(Include pregnancy within 3 months of death)

Major findings:

Of operations noneOf autopsy none

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) _____
(2) Means of injury _____23. Signature J. F. Breda (M. D. or other)Address 1st Bldg 4500 Olive Date signed 6-16-48

(Licensed Embalmer's Statement on Reverse Side)

10-0800

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.