

FILED JUL 31 1948 7

Registration District No. 387

Primary Registration District No. 6076

Registrar's No. 8702

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town ST LOUIS JENNINGS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ELMS CONVALESCENCE HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 (Specify whether
In this community _____ years, months or days)

3: (a) PRINT FULL NAME JOSEPHINE HOUSMAN
3: (b) If veteran, name war _____ 3: (c) Social Security No. _____

4. Sex FE / 1 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife ALFRED HOUSMAN alive _____ years 6. (c) Age of husband or wife if
7. Birth date of deceased OCTOBER 3 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 | 9 | 13 | _____ hr. _____ min.

9. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation NIL

11. Industry or business _____

MOTHER FATHER { 12. Name WILLIAM SCHULTZ
13. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)
14. Maiden name MARY SCHMIDT
15. Birthplace GERMANY 7 (City, town, or county) (State or foreign country)

16. (a) Informant Walter Housman
(b) Address 1610 Quendo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 19-48
(Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter & Pauls Cem.
18. (a) Signature of funeral director E. J. Schner
(b) Address 3125 Lafayette Ave
19. (a) 7-18-48 (Date received local registrar) (b) Paula Housman (Registrar's signature) (Date)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County _____
(c) City or town ST LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 1606 S. 14th ST. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1948 hour 4 minute P M.
21. I hereby certify that I attended the deceased from December 15 1947 to July 16 1948
that I last saw her alive on July 14 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Hypertensive + Arterio-sclerotic Cardiovascular disease 5 yr
Due to 930
Other conditions Senile dementia
(Include pregnancy within 3 months of death)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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) Means of injury 9
23. Signature Leona Lutzmann (M. D. or other) MD
Address 8231 Clayton Rd Date signed 7/19/48

WRITE PLAINLY—USE 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 Joe Bollmer
Licensed Embalmer No. 4014
P. O. Address 3125 Lafayette Ave.

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.