

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18830
State File No. _____

FILED JUN 13 1950

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>1375</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u>		c. LENGTH OF STAY (in this place) <u>15 da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARYLAND HEIGHTS 4090</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSPITAL</u>				f. STREET ADDRESS (If rural, give location) <u>313-TEE TEE ROAD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUTE</u> b. (Middle) <u>MARION</u> c. (Last) <u>HOUSEWRIGHT</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>29</u> Year <u>1950</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 3</u>		8. DATE OF BIRTH <u>APR 9 - 1877</u>	
9. AGE (In years last birthday) <u>72</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNEMPLOYED</u>		11. BIRTHPLACE (State or foreign country) <u>STEELEVILLE, MO. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>SAMUEL HOUSEWRIGHT</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH BARNICLE</u>		14. NAME OF HUSBAND OR WIFE <u>BERTHA DODD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>489-18-0986</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ELNORA PENN 10449 PAGE OVERLAND MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>420.0</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 12, 1949</u> , to <u>April 26, 1950</u> , that I last saw the deceased alive on <u>April 26, 1950</u> , and that death occurred at <u>5:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Nancy K. Oetting MD</u> (Degree or title)				23b. ADDRESS <u>St. Louis County Hospital</u>		23c. DATE SIGNED <u>5-29-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-31-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BARNICLE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>STEELEVILLE, MO. VIA MOTOR</u>	
DATE REC'D BY LOCAL REG. <u>5-29-50</u>		REGISTRAR'S SIGNATURE <u>Hubert Polonka</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Overland, Mo.</u>			

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 3454

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Coerlandia, 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.