

FILED SEP 22 1950

STANDARD CERTIFICATE OF DEATH

31715  
State File No. 7712  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY OR TOWN **St. Louis**  
c. LENGTH OF STAY (In this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION **9004 Edna St.,**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri**  
b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN **St. Louis**  
d. STREET ADDRESS **9004 Edna St.,**

3. NAME OF DECEASED (Type or Print)  
a. (First) **George** b. (Middle) **H** c. (Last) **Houghton**  
4. DATE OF DEATH (Month) (Day) (Year) **Sept 9th, 1950**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **July 9th 1883** 9. AGE (In years last birthday) **67**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **packer** 10b. KIND OF BUSINESS OR INDUSTRY **retail mdse.** 11. BIRTHPLACE (State or foreign country) **England** 12. CITIZEN OF WHAT COUNTRY? **US**

13a. FATHER'S NAME **Thomas Houghton** 13b. MOTHER'S MAIDEN NAME **Ellen Blake** 14. NAME OF HUSBAND OR WIFE **Gertrude Houghton**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO. **499-01-7587** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Gertrude Houghton, 9004 Edna St.,**

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) **Suffocation by hanging while he was falling hanging by neck with 1/2" cotton rope attached to step ladder in upper part of garage across**  
ANTECEDENT CAUSES (b) **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**  
DUE TO (c) **The Rafter at Dept 9 1950 about 558 pm**  
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death) \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **Suicide** 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Suicide** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **St Louis Mo** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Sept 9 50 558 p.m.** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **E974K**

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **558 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Patrick E. Taylor Colonel** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **9 12 50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **Sept 13th, 1950** 24c. NAME OF CEMETERY OR CREMATORY **Friedens Cemetery St. Louis, Mo.** 24d. LOCATION (City, town, or county) (State) \_\_\_\_\_

DATE REC'D BY LOCAL REG. **SEP 12 1950** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Diedrich F. Home 8319 Hallsferry**

(Licensed Embalmer's Statement on Reverse Side)

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

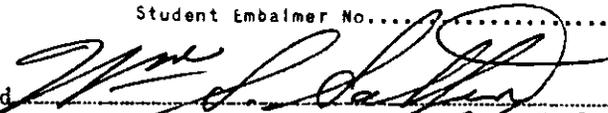
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me or by me

working under my personal supervision.

Student Embalmer No. ....

Signed



Signed.....  
Student Embalmer

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.