

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21265  
State File No. \_\_\_\_\_  
Registrar's No. 5343

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place)		2239	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>4510 Parkview Pl.</b>		d. STREET ADDRESS (If rural, give location) <b>2317 Sidney St.</b>	

3. NAME OF DECEASED (Type or Print) <b>James E. House</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 9, 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 22, 1892</b>		9. AGE (In years, last birthday) <b>59</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ward Bakery Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Washington County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>James House</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Ward</b>	
14. NAME OF HUSBAND OR WIFE <b>Anna B. House</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <b>498-10-8213</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Anna B. House</b>		ADDRESS <b>2317 Sidney St.</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>Coronary Arteriosclerosis</b>		<b>about</b>	
ANTECEDENT CAUSES		DUE TO (b)		<b>15 min</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>Coronary Disease of the Heart</b>		<b>about</b>	
DUE TO (c)				<b>1 year</b>	
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>4201</b>	

22. I hereby certify that I attended the deceased from **Jan 10, 1951**, to **March 17, 1951**, that I last saw the deceased alive on **March 12, 1951** and that death occurred at **11.15 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS <b>3606 Travis Ave</b>		23c. DATE SIGNED <b>6/11/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6/13/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Germania Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Bonne Terre, MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John H. Gebken Sons</b>		ADDRESS <b>2630 Gravois Ave.</b>	

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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Robert F. Gebken*

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois 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.