

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10117**  
**2172**  
Registrar's No. \_\_\_\_\_

LED MAR 29 1952

**318**

**1003**

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

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 _____	
b. CITY (If outside corporate limits, give BUREAU and give township) <u>Homer G Phillips Hospital</u>		c. CITY (If outside corporate limits, write BUREAU and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) _____		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>21 2102 1/2 Middle St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) _____ c. (Last) <u>House</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 12 1952</u>	
---	--	--	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 16, 1890</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
--------------------	------------------------------	--	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sent Messenger</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Circuit Court</u>	11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>	12. CITIZEN OF WHAT COUNTRY? _____
--	---	---	---------------------------------------

13a. FATHER'S NAME <u>Houston House</u>	13b. MOTHER'S MAIDEN NAME <u>Journeia Crump</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-36-7120</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond House</u>	ADDRESS <u>House 1310 N. 21st</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undetermined</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemorrhoids and chronic anemia</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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? <u>H2H7</u>
---	--	---

22. I hereby certify that I attended the deceased from 2-12, 19 52, to 3-12, 19 52, that I last saw the deceased alive on 3-12, 19 52 and that death occurred at 3:02 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm F Reid</u>	(Degree or title) <u>M. D.</u>	23b. ADDRESS <u>2601 N Whittier St.</u>	23c. DATE SIGNED <u>3-14-52</u>
------------------------------------	-----------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/15/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK DALE</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Co. MO</u>
---	-----------------------------	---	---

DECEASED BY LOCAL HEALTH DEPT 15 1952	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>B. W. Brule</u>	ADDRESS <u>4469 Washington</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.....

working under my personal supervision.

Student Embalmer No.....

Signed Frederick P. Stark

Signed.....  
Student Embalmer

Licensed Embalmer No. 4599

P. O. Address 4469 Washington St. Louis 8, 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.