

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40318

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10182

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 7 years		d. STREET ADDRESS (If rural, give location) 4340 N. Market	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homier G Phillips Hospital			

3. NAME OF DECEASED (Type or Print) James Houge			4. DATE OF DEATH (Month) (Day) (Year) Nov. 3 1952		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH May 14, 1892		9. AGE (In years last birthday) 60		10. UNDER 1 YEAR 5 Months 19 Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Porter		10b. KIND OF BUSINESS OR INDUSTRY Boston Maine R. R.		11. BIRTHPLACE (City and State or Foreign Country) Hot Springs, Ark.	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Harrison Houge		13b. MOTHER'S MAIDEN NAME Mary (?)		14. NAME OF HUSBAND OR WIFE Adleaner Houge	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 706-09-0079		17. INFORMANT'S SIGNATURE OR NAME Adleaner Houge, 4340 N. Market	
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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) Probable Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH Undet.	
		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 checked="" type="checkbox"/>	
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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? 4201	

22. I hereby certify that I attended the deceased from 9-21, 1952, to 11-3, 1952, that I last saw the deceased alive on 11-3, 1952, and that death occurred at 6:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Herbert A. Harris, M.D.		23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 11-3-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/6/1952		24c. NAME OF CEMETERY OR CREMATORY Greenwood Camatary		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
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DATE REC'D BY LOCAL REG. NOV 5 1952		REGISTRAR'S SIGNATURE Charles J. Gates		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates, 4107 Finney Ave.	
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(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

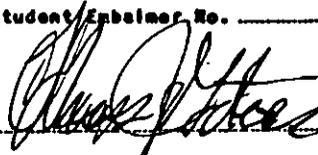
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 4259 _____

P. O. Address 4107 Finney Avenue _____

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.