

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40320

FILED DEC 12 1952

State File No. _____

BIRTH NO. 80095

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10721

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis 2082</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>1525 Hornsby</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hosp</u>		8 _____	
3. NAME OF DECEASED (First) <u>Kathleen</u> (Middle) _____ (Last) <u>Houston</u>		4. DATE OF DEATH (Month) <u>Nov</u> (Day) <u>21</u> (Year) <u>1952</u>	
5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	
8. DATE OF BIRTH <u>Nov 17, 1952</u>		9. AGE (In years last birthday) _____ IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Frank Houston</u>		13b. MOTHER'S MAIDEN NAME <u>Eileen Berkman</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Houston</u> ADDRESS <u>1525 Hornsby</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital Heart Disease</u> DUE TO (c) _____ 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? _____		22. I hereby certify that I attended the deceased from <u>Nov 17, 1952</u> , to <u>Nov 21, 1952</u> , that I last saw the deceased alive on <u>Nov 21, 1952</u> , and that death occurred at <u>10 AM</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Dorothy Jones, M.D.</u> (Deny or title)		23b. ADDRESS <u>4500 Olive St.</u>	
23c. DATE SIGNED <u>11-21-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan's</u> ADDRESS <u>2849 No. Euclid</u>	
DATE REC'D BY LOCAL REG. <u>NOV 21 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Robert L. Buntman

Licensed Embalmer No. 3553

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.