

No. 300
10.48

FILED DEC 30 1952

STANDARD CERTIFICATE OF DEATH

44019 State File No. 543

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 3169

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Jennings		c. CITY (If outside corporate limits, write RURAL and give township) Jennings	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6504 W. Florissant Ave		d. STREET ADDRESS (If rural, give location) 6504 W. Florissant Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Leo b. (Middle) Ar c. (Last) Houlihan			4. DATE OF DEATH (Month) (Day) (Year) Dec 10 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 3, 1904	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR OR Hours Min. 10 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Own Business		10b. KIND OF BUSINESS OR INDUSTRY Taver Owner		11. BIRTHPLACE (State or foreign country) St. Louis	
13a. FATHER'S NAME Patrick J. Houlihan.			13b. MOTHER'S MAIDEN NAME Amanda Polite		14. NAME OF HUSBAND OR WIFE Isabel Houlihan

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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Isabel Houlihan 6504 W. Florissant Ave	
---	--	--	--	--	--

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		
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) self inflicted strangulation by ligature.				
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Body found suspended by a rope from the top of a door DUE TO (c)				
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) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jennings, St. Louis County, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 12/10/52 12:20pm		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self inflicted strangulation by ligature	

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Arnold J. Willmann, Co. 3		23b. ADDRESS Clayton, Missouri		23c. DATE SIGNED 12/15/52	
--	--	--	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 13, 1952		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Louis, County MO.	
--	--	----------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 12-11-52		REGISTRAR'S SIGNATURE Herkut R. D...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Huchholz-Koeller 5967 W. Florissant Ave	
--	--	--	--	--	--

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

W. Alfred Buchholz
Licensed Embalmer No. *4551*

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.