

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44034**

No. 300  
10.48

**DEAD** JAN 8 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **367** PRIMARY REG. DIST. NO. **545** Registrar's No. **3307**

204  
1

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

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maplewood</b>	c. LENGTH OF STAY (in this place) <b>3 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maplewood 4524</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7790 Falk Ave</b>		d. STREET ADDRESS (If rural, give location) <b>7790 Falk Ave</b>	

3. NAME OF DECEASED (Type or Print) <b>Helen</b>	a. (First)	b. (Middle) <b>G.</b>	c. (Last) <b>Housewright</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 24 1952</b>
---	------------	-----------------------	------------------------------	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>March 9<sup>th</sup> 1900</b>	9. AGE (In years last birthday) (Specify) <b>52</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>13</b>	IF UNDER 24 HRS. Hours <b>13</b> Min.
-------------------------	-------------------------------	--	--	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during course of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (State or foreign country) <b>St Louis, Michigan</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
---	---	--	---

13a. FATHER'S NAME <b>George Stewart</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Nunn</b>	14. NAME OF HUSBAND OR WIFE <b>Noah Housewright</b>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Noah Housewright</b>	ADDRESS <b>7790 Falk</b>
--	---	--	-----------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 years</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of sigmoid.</b>	DUE TO (b) <b>General carcinomatosis</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<b>153X</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma sigmoid, general carcinomatosis</b>	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) (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 **6-15-52**, 19**52**, to **12-24-52**, 19**52**, that I last saw the deceased alive on \_\_\_\_\_, 19**52**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS <b>429 University Club Bldg.</b>	23c. DATE SIGNED <b>12-26-52</b>
--------------------------------------	-------------------	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Dec 28 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sligo Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Sligo Mo</b>
---	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>12-27-52</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <b>5041 Delmar</b>
---	---	--	-------------------------------

**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.....

*Ronald O. Yalovke*

Licensed Embalmer No. *3917*

P. O. Address *St. Louis*

**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.