

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 26 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **1595**

4002

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

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) OR TOWN Clayton		c. LENGTH OF STAY (In this place) 1 hr	c. CITY OR TOWN Clayton 5
d. FULL NAME OF HOSPITAL OR INSTITUTION 224 Tipton Way		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) OTTO VERE HOUGH		4. DATE OF DEATH (Month) (Day) (Year) 6 6 53	

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 25, 1887	9. AGE (In years last birthday) 65	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) Pres.		10b. KIND OF BUSINESS OR INDUSTRY Hough Covegur Co.		11. BIRTHPLACE (City and State or Foreign Country) Albion, Nebraska		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME unknown Hough	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Leona C. Hough
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 506-056189	17. INFORMANT'S SIGNATURE OR NAME Leona C. Hough	ADDRESS 114 Tipton Way, Clayton
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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) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH minutes
	ANTECEDENT CAUSES Arterio Sclerosis Heart Dis		
	DUE TO (b) _____ 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 4:200	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug 1951**, to **May 1953**, that I last saw the deceased alive on **May 1, 1953**, and that death occurred at **9 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ralph Kusella M.D.	23b. ADDRESS 53720 Washington	23c. DATE SIGNED 6/8/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6-9-53	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. 6-9-53	REGISTRAR'S SIGNATURE Herbert R. Dwyer	25. FUNERAL DIRECTOR'S SIGNATURE C. R. LUPTON & SONS	ADDRESS 7233 Delmar Blv'd.
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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.....
Signature of Student Embalmer

Signed *Arnold W. Schoene*.....

Licensed Embalmer No. *3864*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.