

STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1953

State File No. **37281**
 Registrar's No. **9852**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) c. LENGTH OF STAY (in this place)
 OR TOWN **St. Louis, Missouri** c. CITY OR TOWN **St. Louis**
 d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **4553 Westminister Place**
 e. STREET ADDRESS (If rural, give location) **4553 Westminister Place.**

3. NAME OF DECEASED a. (First) **Ellen** b. (Middle) _____ c. (Last) **Houser**
 (Type or Print) 4. DATE OF DEATH (Month) (Day) (Year) **October 14 1953**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Jan. 26, 1873**
 9. AGE (In years last birthday) **80** 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) **Housewife**
 10b. KIND OF BUSINESS OR INDUSTRY **At Home** 11. BIRTHPLACE (City and State or Foreign Country) **Malmo, Sweden** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Mortenson** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Edwin Houser, Dec'd**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No Nil** 16. SOCIAL SECURITY NO. **\$31-05-7934a** 17. INFORMANT'S SIGNATURE OR NAME **Leonard S. Johnson** ADDRESS **4553 Westminister**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
 MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **CORONARY THROMBOSIS**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **VISCERAL HEMORRHAGE WITH HYPERTENSION**
 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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4201**

22. I hereby certify that I attended the deceased from **OCTOBER 11, 1953**, to **OCTOBER 14, 1953**, that I last saw the deceased alive on **OCTOBER 14, 1953**, and that death occurred at **11:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Carl Smith** (Degree or title) _____ 23b. ADDRESS **440 NORTH TAYLOR AVENUE, ST. LOUIS 8, MO.** 23c. DATE SIGNED **OCT. 14, 1953**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **10-14-53** 24c. NAME OF CEMETERY OR CREMATORY **Rockford, Illinois** 24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. **OCT 15 1953** REGISTRAR'S SIGNATURE **Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Albert H. Hoppe** ADDRESS **4700 Washington**

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed *G. W. Wilkinson*.....

Licensed Embalmer No. *357*.....

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.