

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **37282**
Registrar's No. **8861**

FILED OCT. 27 1953

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 37282		Registrar's No. 8861					
1. PLACE OF DEATH a. COUNTY				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 St. Louis				c. LENGTH OF STAY (in this place) 6 Wks.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland 424X							
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Faith Hospital				d. STREET ADDRESS (If rural, give location) 2330 Wallace Ave.									
3. NAME OF DECEASED (Type or Print) a. (First) Thurman			b. (Middle) E.			c. (Last) Houston			4. DATE OF DEATH (Month) (Day) (Year) 9/11/53				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May. 25, 1882		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days		IF UNDER 1 Hrs. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk				10b. KIND OF BUSINESS OR INDUSTRY Dept. Store				11. BIRTHPLACE (City and State or Foreign Country) Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Skits Houston				13b. MOTHER'S MAIDEN NAME Ham				14. NAME OF HUSBAND OR WIFE Rebecca Houston					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rebecca Houston 3529 Ashby Rd.							
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Infants of lung DUE TO (c) Cerebrovascular accident old II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" 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) 331X							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Aug 3, 1953 to Sept 11, 1953 that I last saw the deceased alive on Sept 11, 1953 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) M.D. Y. L. D. Bauer M.D.						23b. ADDRESS 6214 Sunshine Dr.			23c. DATE SIGNED 9/11/53				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9/14/53		24c. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis County Mo.						
DATE REC'D BY LOCAL REG. SEP 12 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Collier's Funeral Home 10123 St. Charles Rd.							

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

LSTC (Licensed Embalmer's Statement on Reverse Side)

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 Sheldon Collier

Licensed Embalmer No. 3982

P. O. Address 10123 St. Chas

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.