

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

45361

FILED JAN 19 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12427**

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>0</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Red Bud</u> <u>8120</u> | |
| c. LENGTH OF STAY (in this place) <u>3 days</u> | | d. STREET ADDRESS (If rural, give location) <u>unknown</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Paul Hospital</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> | | b. (Middle) <u>H.</u> | |
| c. (Last) <u>HOUSE</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-31-53</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>3-24-1910</u> |
| 9. AGE (In years last birthday) <u>43</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>school teacher</u> | 11. BIRTHPLACE (State or foreign country) <u>Cairo, Ill.</u> |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY <u>school</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Albert House</u> | | 13b. MOTHER'S MAIDEN NAME <u>Eva Bradley</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Lydia House</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>unknown</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Lydia House, Red Bud, Ill.</u> | | ADDRESS | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intracranial aneurysm</u> 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 <u>12/30/53</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Aneurysm Rt middle cerebral artery</u> | |
| 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR <u>452x</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>12/28</u> , 19 <u>53</u> , to <u>12/21</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12/30</u> , 19 <u>53</u> , and that death occurred at <u>10A</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Edmund A. Amotic M.D.</u> | | 23b. ADDRESS <u>Beaumont Med Bldg.</u> | |
| 23c. DATE SIGNED | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 24b. DATE <u>1-1-54</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) <u>Chester, Ill.</u> | |
| DATE REC'D BY LOCAL REG. <u>JAN 4 1954</u> | | REGISTRAR'S SIGNATURE <u>J. C. Smith M.D.</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Welge F. H. Chester, Ill.</u> | | ADDRESS | |

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.....

J. Allen Davis
.....
Licensed Embalmer No. 1053
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.