

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13588

318

1003

2914

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____					
b. CITY OR TOWN <u>St. Louis Mo</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>St. Louis Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>323 Market</u>				e. STREET ADDRESS (If rural, give location) <u>25 523 Market 2259</u>					
3. NAME OF DECEASED (Type or Print) <u>Millard</u>			a. (First) _____		b. (Middle) <u>Housewright</u>		c. (Last) _____		
4. DATE OF DEATH		(Month) <u>3</u>		(Day) <u>8</u>		(Year) <u>54</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>		8. DATE OF BIRTH <u>1889-1894</u>			
9. AGE (In years last birthday) <u>60-61</u>		if UNDER 1 YEAR Months _____		if UNDER 1 YEAR Days _____		if UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>clerk</u>			11. BIRTHPLACE (City, State or Foreign Country) <u>Mo</u>			
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME <u>clerk</u>		13b. MOTHER'S MAIDEN NAME <u>clerk</u>		14. NAME OF HUSBAND OR WIFE <u>clerk</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>clerk</u>			16. SOCIAL SECURITY NO. <u>clerk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R. E. Saylor</u>			ADDRESS <u>1300 Clay</u>	
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) _____ ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) <u>Cerebral Apoplexy</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>W.M.A</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) <u>334x</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23. SIGNATURE <u>[Signature]</u> (Type or title) <u>Deputy Registrar</u>				23b. ADDRESS <u>1300 Clay</u>		23c. DATE SIGNED <u>3/21/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-31-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>			
DATE REC'D BY LOCAL REG. <u>MAR 31 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>		ADDRESS <u>4700 Washington Blvd.</u>			

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.....
Signature of Student Embalmer

NOT EMBALMED
Signed.....BURIED BY CITY.....

Licensed Embalmer No.....

P. O. Address.....

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.