

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20667**
Registrar's No. **4726**

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 2059	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. c. LENGTH OF STAY (in this place) 4		c. CITY OR TOWN St. Louis,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: Barnard Nursing Home.		e. STREET ADDRESS (If rural, give location) 5879 Clemens	

3. NAME OF DECEASED (Type or Print)	a. (First) Ernest	b. (Middle) E. S.	c. (Last) Houx	4. DATE OF DEATH (Month) (Day) (Year) May 26, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 7, 1887	9. AGE (In years last birthday) 66	# UNDER 1 YEAR Months 6	# UNDER 1 YEAR Days 6	# UNDER 1 MIN. Hours 0	# UNDER 1 MIN. Mins. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ins. Broker	10b. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edward Broker	13b. MOTHER'S MAIDEN NAME Kate Faulhaber	14. NAME OF HUSBAND OR WIFE Louise E. Houx.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I	16. SOCIAL SECURITY NO. 496-36-3295	17. INFORMANT'S SIGNATURE OR NAME Louise E. Houx, ADDRESS 5879 Clemens Ave.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 yrs 9 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tumor of Brain (Melanoma)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Melanoma of Lip DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 190x
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22. I hereby certify that I attended the deceased from **Aug**, 1953, to **May 26**, 1954, that I last saw the deceased alive on **May 26**, 1954, and that death occurred at **10:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul K. Webb M.D.	23b. ADDRESS 721 Olive St. St. Louis Mo.	23c. DATE SIGNED 5-27-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 5-28-54	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.
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DATE REC'D BY LOCAL REG. MAY 27 1954	REGISTRAR'S SIGNATURE Fred. M. Williams	25. FUNERAL DIRECTOR'S SIGNATURE Fred. M. Williams, ADDRESS 4700 Washington.
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(Licensed Embalmer's Statement on Reverse Side)

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

VS FEB 23, 1960

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. *35*

P. O. Address *M. 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.