

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32498**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **2173**

1. PLACE OF DEATH a. COUNTY St. Louis		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 Kirkwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood	
c. LENGTH OF STAY (in this place) 70Yrs.		d. STREET ADDRESS (If rural, give location) 311 S. Taylor Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 311 S. Taylor Ave			

3. NAME OF DECEASED (Type or Print) a. (First) Mack b. (Middle) c. (Last) Houston			4. DATE OF DEATH (Month) (Day) (Year) Sept. 13-54		
-------------------------------------------------------------------------------------------------------------	--	--	----------------------------------------------------------------	--	--

5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated		8. DATE OF BIRTH May 2 1872		9. AGE (in years last birthday) 82		IF UNDER 1 YEAR Months Days Hours Mins. 4 9		IF OVER 1 YEAR Hours Mins.	
-----------------------	--	---------------------------------	--	----------------------------------------------------------------------------	--	---------------------------------------	--	----------------------------------------------	--	----------------------------------------------------------	--	-------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Job - man		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and State or Foreign Country) St. James Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
-----------------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------	--	----------------------------------------------------------------------------	--	--	--	-----------------------------------------------	--

13a. FATHER'S NAME Robert Houston		13b. MOTHER'S MAIDEN NAME Martha Parker		14. NAME OF WIFE OR WIFE Josie Houston			
---------------------------------------------	--	---------------------------------------------------	--	--------------------------------------------------	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME Harry Mitchell				ADDRESS 309 S. Taylor Ave.	
------------------------------------------------------------------------------------------------------------------------	--	---------------------------------------	--	------------------------------------------------------------	--	--	--	--------------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease						35 days	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c)						Unknown	
		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 4200						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 **June 9, 1954** to **Aug. 31, 1954**, that I last saw the deceased alive on **Aug. 31, 1954**, and that death occurred at **7:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Philip Henry Miller</i>		(Degree or title)		23b. ADDRESS 124 Adams, Kirkwood, Mo.		23c. DATE SIGNED 9-13-54	
----------------------------------------------	--	-------------------	--	-------------------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-16-1954		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cem.		24d. LOCATION (City, town, or county) (State) Kirkwood Mo.	
------------------------------------------------------------	--	-------------------------------	--	--------------------------------------------------------------	--	----------------------------------------------------------------------	--

DATE REC'D BY LOCAL REG. 9-14-54		REGISTRAR'S SIGNATURE <i>Herbert R. Donkers</i>		25. FUNERAL DIRECTOR'S SIGNATURE John W. Hemphill		ADDRESS 408 S. Fillmore AV.	
--------------------------------------------	--	----------------------------------------------------	--	-------------------------------------------------------------	--	---------------------------------------	--

520 (Licensed Embalmer's Statement on Reverse Side) **Kirkwood 23. MO.**

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

STATEMENT BY LICENSED EMBALMER

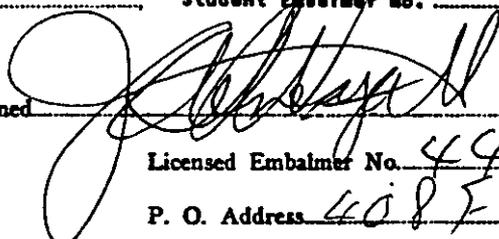
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 444

P. O. Address 408 F. L. Jones

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.