No. 300
10.48

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42474

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10888

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis
c. LENGTH OF STAY (in this place)

c. CITY OR TOWN St.Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4517 Forest Park Blvd.

STREET ADDRESS (If rural, give location) 4929 McPherson Ave. 2129 0

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3. NAME OF DECEASED (Type or Print) a. (First) Mollie b. (Middle) White c. (Last) Houston

4. DATE OF DEATH (Month) (Day) (Year) 11-29-54

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Feb 6,1858
9. AGE (In years last birthday) 96 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY housewife
11. BIRTHPLACE (City and State or Foreign Country) St.Louis,Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Robert White
13b. MOTHER'S MAIDEN NAME Isabella White
14. NAME OF HUSBAND OR WIFE Charles Hopkins Houston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs.George H.Dobler 4929 McPherson

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) Congestive Heart Failure

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) Arteriosclerotic Hypertensive Cardiovascular Disease

INTERVAL BETWEEN ONSET AND DEATH: Several Yrs

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
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 443X

22. *I hereby certify that I attended the deceased from* Nov 17, 1954, *to* Nov 29, 1954, *that I last saw the deceased alive on* Nov 29, 1954, *and that death occurred at* 5:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph P. Collette Jr. M.D. (Degree or title)
23b. ADDRESS 4952 Maryland
23c. DATE SIGNED Nov 29 8

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-30-54
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine
24d. LOCATION (City, town, or county) (State) St.Louis,Mo.

DATE REC'D BY LOCAL REG. NOV 29 1954
REGISTRAR'S SIGNATURE J Earl Smith M.D. MKB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagoner Mortuary,4911 Washington Blvd

(Licensed Embalmer's Statement on Reverse Side)

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 emba

by me, [redacted] ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elton R. [illegible]

Licensed Embalmer No. 428

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.