

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 10897

2073

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>				
b. CITY OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>1 WK</u>		c. CITY OR TOWN <u>MAPLEWOOD</u>		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 <u>DEACONESS HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>2915 COLEMAN</u>				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX		
a. (First) <u>JOSEPH</u>			b. (Middle) <u>E</u>			c. (Last) <u>HOUSE</u>		
6. COLOR OR RACE <u>W</u>			7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>MARRIED</u>			8. DATE OF BIRTH <u>SEPT-8-1880</u>		
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET-CHAUFFEUR</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>PRIVATE LIMO.</u>			9. AGE (In years last birthday) <u>75</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET-CHAUFFEUR</u>			11. BIRTHPLACE* (City and State or Foreign Country) <u>FREDERICKTOWN MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>JOSEPH-HOUSE</u>			13b. MOTHER'S MAIDEN NAME <u>ADDIE-MSKINNEY</u>			14. NAME OF HUSBAND OR WIFE <u>CLARA-HOUSE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>493-05-6582</u>			17. INFORMANT'S SIGNATURE OR NAME <u>CLARA-HOUSE-2915 COLEMAN</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis, cerebral</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION <u>420.0</u>			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 <u>20 Feb</u> , 19 <u>56</u> , to <u>26 Feb</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>26 Feb</u> , 19 <u>56</u> , and that death occurred at <u>8:00 p</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Jack Danow M.D.</u>				23b. ADDRESS <u>1105 Central Clayton</u>		23c. DATE SIGNED <u>27 Feb 56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>FEB-28-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT-LEBANON CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO MO</u>		
DATE REC'D BY LOCAL REG. <u>FEB 28 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>JAY-B-SMITH-Maplewood-17 Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *J.P. Burgess*.....

Licensed Embalmer No. *40*

P. O. Address *Maple*

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