THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1957

STATE FILE NUMBER 6303

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 950

1. PLACE OF DEATH a. COUNTY: Saint Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY:
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Homer G. Phillips — Length of stay in 1b: 27	d. STREET ADDRESS (If outside, give location): 2738 Delmar — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: William	Middle:	Last: Housley	4. DATE OF DEATH	Month 1 Day 27 Year 57
5. SEX: Male	6. COLOR OR RACE: Negro	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Nov.11,1874	9. AGE (In years last birthday): 82	IF UNDER 1 YEAR: Months 2 Days 16 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed	10b. KIND OF BUSINESS OR INDUSTRY: None		11. BIRTHPLACE (City and state or country): Vicksburg, Miss.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Tom Housley			14. MOTHER'S MAIDEN NAME: Jane ?		
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.: Unknown		17. INFORMANT Address: Mrs. Lula Housley -2738 Delmar		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: undet

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): 491x

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Bronchopneumonia - Generalized Arteriosclerosis

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-21-57, to 1-27-57 and last saw him alive on 1-27-57

Death occurred at 8:50 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh Waters, M.D.	22b. ADDRESS: 2601 Whittier Street	22c. DATE SIGNED: 1-28-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: Feb.2,1957	23c. NAME OF CEMETERY OR CREMATORY: Oakdale Cemetery
23d. LOCATION (City, town, or county) (State): Lemay, Missouri		
24. FUNERAL DIRECTOR: E. B. Koonce — ADDRESS: 1221 N. Grand	25. DATE RECD. BY LOCAL REG.: JAN 29 '57	26. REGISTRAR'S SIGNATURE: J. Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature ... diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Crooms

Licensed Embalmer No 47

P. O. Address 1221 no

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.