

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29571

STATE FILE NUMBER

XC-15 554 569  
SL-9894 FILED AUG 26 1957

Registration District No. **318** Primary Registration District No. **1073** Registrar's No. **7445**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>915 N. GRAND, ST. LOUIS MO.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>ST. LOUIS</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VAH, ST. LOUIS, MO.</b> Length of stay in lb <b>124 days</b>		STREET ADDRESS <b>3427 WALNUT STREET</b> (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>W.</b> Last <b>HOUSE</b>		4. DATE OF DEATH Month <b>8</b> / Day <b>7</b> / Year <b>57</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7/20/97</b>
9. AGE (In years last birthday) <b>60 YEARS</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>7</b> Hours <b>1</b> Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PORTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>	11. BIRTHPLACE (City and state or country) <b>NASHVILLE, TENN.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>AARON HOUSE</b>	
14. MOTHER'S MAIDEN NAME <b>MILLIE MAYBERRY</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>WW-II</b>	
16. SOCIAL SECURITY NO. <b>498 03 3889</b>		17. INFORMANT Address <b>VAH, RECORDS, ST. LOUIS 6, MO.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myelogenous Leukemia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>- - - - - 204.1</b>			
DUE TO (c) <b>- - - - -</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <b>NONE</b>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b>p. m.</b> Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. Was attended the deceased from <b>4/5/57</b> to <b>8/7/57</b> and last saw <del>him</del> <b>him</b> alive on <b>8/7/57</b> Death occurred at <b>ROAM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>J. H. Randle &amp; Son M.D.</b>		22b. ADDRESS <b>VAH, ST. LOUIS 6, MO.</b>	
22c. DATE SIGNED <b>8/7/57</b>		23a. BUREAU OF HEALTH SERVICE (Specify) <b>REMOVAL</b>	
23b. NAME OF CEMETERY OR CREMATORY <b>J. TAKAMINSKAS, M. D. National</b>		23c. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>J. H. Randle &amp; Son 3133 Bell Ave.</b>		25. DATE RECD. BY LOCAL REG. <b>AUG 9 57</b>	
26. REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-  
posed by me, or by ....., Student Embalmer No.....  
working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed *Euler K. Harris*

Licensed Embalmer No. *4*

P. O. Address *4181 7th*

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.