Health, Welfare Public Service

300 -57 8 51 0

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003087
STATE FILE NUMBER

FILED JAN 28 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 416

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) 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	d. STREET ADDRESS (If outside, give location) 2259 818N 17Th St — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Bertha Houston

4. DATE OF DEATH Month Day Year: 1 11 59

5. SEX: FEMALE 3

6. COLOR OR RACE: NEGRO

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ 3 DIVORCED ☑

8. DATE OF BIRTH: 6-23-1890

9. AGE (In years last birthday): 68

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): NIL

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): St. Louis, Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Joseph Wilburn

13b. MOTHER'S MAIDEN NAME: Ada Armstead

14. NAME OF HUSBAND OR WIFE: Fred Houston

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT Address: Mrs Hattie Rhodes 804 N Jefferson

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) 2nd and 3rd degree burns of lower part of body.

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

DUE TO (c) 9160 16.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Home cause and manner unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) January 8. 1959.

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: 1. 8 59

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.) 251 Home

20f. CITY, TOWN, OR LOCATION: St Louis — COUNTY: Mo — STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 805 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Palmer 2 Lyle 3

22b. ADDRESS: 1300 Clinton

22c. DATE SIGNED: 1/13/59

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 1-16-59

23c. NAME OF CEMETERY OR CREMATORY: GREENWOOD

23d. LOCATION (City, town, or county) (State): St Louis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS: Bennie Love 3103 Washington

25. DATE RECD. BY LOCAL REG.: JAN 13 '59

26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Olde

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.