RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 1 9 1960

-60-039843

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9924

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI COUNTY St Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Length of stay in 1b 2 WEEKS

c. CITY OR TOWN WEBSTER GROVES — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) MISSOURI BAPTIST — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1551 GRANT ROAD — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First OLLIE Middle M. Last HOUSE

4. DATE OF DEATH Month Day Year OCTOBER 10, 1960

5. SEX FEMALE

6. COLOR OR RACE CAUCASIAN

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 11/6/1883

9. AGE (last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY AT HOME

11. BIRTHPLACE (City and state or country) JACKSON COUNTY, ILL.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME ELIJAH YOUNGMAN

13b. MOTHER'S MAIDEN NAME JANE HOOVER

14. NAME OF HUSBAND OR WIFE GEORGE W. HOUSE

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

16. SOCIAL SECURITY NO. NONE

17. INFORMANT Address NORMAN K. HOUSE, 7822 COLLEEN, AFFTON

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Inguinal hernia, incarcerated — INTERVAL BETWEEN ONSET AND DEATH ?

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

DUE TO (b) Hiatus hernia, with acute Gastric dilitation.

DUE TO (c) Chronic pyelonephritis — c. Arterio Sclerotic heart disease

Paul Lemon Deputy Corp. 10/12/60

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the disease condition given in PART I (a) Fracture Comminuted rt. humerus neck

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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.) fell in hallway in her home 9-24-60

20c. TIME OF INJURY Hour a.m. 10 Month, Day, Year 9-24-60

561.0F

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.) 1551 Grant Road

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

21. I attended the deceased from Sept 24 1960, to Oct. 10 1960 and last saw her/him alive on Oct 10 1960

Death occurred at 3:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. R. McAdam MD.

22b. ADDRESS 906 Olive, St. Louis Mo

22c. DATE SIGNED 10-11-60

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

23b. DATE 10/13/1960

23c. NAME OF CEMETERY OR CREMATORY St. Pauls Churchyard

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

24. FUNERAL DIRECTOR ADDRESS HOFFMEISTER COLONIAL MORTUARY 6464 CHIPPEWA STREET ST. LOUIS, MO.

25. DATE RECD. BY LOCAL REG. OCT 13 1960

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John L Dunne

Licensed Embalmer No. 419

P. O. Address St Louis

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