

S. No. 2
M-5-42
7-5-17-39
X32073

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7795
State File No. _____
Registrar's No. 2173

FILED MAR 23 1945
Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute To City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3029a Rutger St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joshua Haughton
3. (b) If veteran, name war World War # 1
3. (c) Social Security No. 498-05-5346

20. DATE OF DEATH: Month March day 5
year 1945 hour 11:30 minute P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 22 1895
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death Self Administration of barbiturates Duration _____
at 3029a Rutger Street
on March 5, 1945 - exact
time unknown

8. AGE: Years Months Days If less than one day
49 3 13 hr. _____ min.

Due to _____
Due to _____

9. Birthplace Prairie Mississippi
(City, town, or county) (State or foreign country)

Other conditions 1635.2
(Include pregnancy within 3 months prior)

10. Usual occupation Auto Mechanic

Major findings: _____
Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name William Haughton

13. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Laura Vassor

15. Birthplace Wheeling West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant William Haughton

(b) Address 3029a Rutger St.

17. (a) Burial (b) Date thereof 3-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd

19. (a) MAR 6 1945 J. J. Bredek
(Date of local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence March 5, 1945

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place) (e) Means of injury as above

23. Signature: Alfred J. Perry (M. D. or other) _____

Address: Deputy Coroner Date signed 3-6-45

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

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Albert G. Hoyer*
Licensed Embalmer No..... *2971*
P. O. Address:.....

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