S. No. 2
I—1-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19764

FILED JUL 21 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4576

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11yrs. 25days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 1713
(If outside city or town limits, write "RURAL")
(d) Street No. 931 Rutger St. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME RICHARD HOUSE

3. (b) If veteran, name war No

3. (c) Social Security No. Unk.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grace House

6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased April 7, 1890 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
51	1	22	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Unk.

MOTHER FATHER
12. Name James W. House
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Elizabeth Ward
15. Birthplace Unkno (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Richard House
(b) Address 931 Rutger St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/31/41 (Month) (Day) (Year)

(c) Place: burial or cremation Desloge, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) JUN 1 - 1941 (Date received local registrar) (b) J. M. Bielick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1941 hour 8: minute 10 P.M.

21. I hereby certify that I attended the deceased from 3-1-41, 19__, to 5-29-41, 19__; that I last saw h__ alive on 5-29-41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized Arteriosclerosis (onset 5-29-41x)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Yes.	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Paul T. Hartung (M. D. or other)
Address 530 Olive Date signed 5-30-41

(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 embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed ..... Licensed Embalmer No. 4202.

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.