

FILED NOV 28 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10104

1. PLACE OF DEATH:

(a) County ST. LOUIS MO
(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. ANTHONY'S 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 Mo (b) County 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5639 St Louis 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LARRY MICHAEL HOUGHTON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 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 NOV 8 1947
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 3 hr. 45 min.

9. Birthplace ST. ANTHONY'S HOSP. ST. LOUIS, MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name WILLIAM L. HOUGHTON
13. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)
14. Maiden name FRANCES WILLIAMS
15. Birthplace HERCULANEUM MO
(City, town, or county) (State or foreign country)

16. (a) Informant MR. WILLIAM HOUGHTON
(b) Address 5639 ST. LOUIS AVE ST. LOUIS MO

17. (a) BURIAL (b) Date thereof NOV 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation HERCULANEUM MO

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME
(b) Address KIMMSWICK MO

19. (a) NOV 12 1947 (b) J. F. Br...
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 8
year 1947 hour 2 minute 7 M.

21. I hereby certify that I attended the deceased from Nov 8
19 47 to Nov 8 19 47
that I last saw him alive on Nov 8 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 1 de
Traumatic Birth
(mother eclamptic)
Hydrocephalus
men

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature George A. Sullivan (M. D. or other) _____
Address 421 N. Schermer Date signed 11-10-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1001

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 *not embalmed*
Arthur W. Heilestey

Licensed Embalmer No. *3872*

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.