

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

32194

1. PLACE OF DEATH

County..... Registration District No. 701
 Township St. Louis Mo Primary Registration District No. 1008
 City St. Louis Mo (No. 1934 East Waine Ave) St. Ward)

File No.
 Registered No. 9242
 St. Ward)

2. FULL NAME

(a) Residence. No. St. 9 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 1st 1866</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>4</u>
	DAYS <u>13</u>	IF LESS than 1 day,hrs. ormin.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work. <u>at Home</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Henry Horbrock

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT David Vance
 (Address) 1934 E Waine Ave

15. FILED May 10 1921 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 14th 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 10th 1929 to Sept 14th 1929 that I last saw h. or alive on Sept 14th 1929, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral haemorrhage

131
82A (duration) yrs. mos. 1 da.

CONTRIBUTORY (SECONDARY) chronic nephritis
 (duration) yrs. 3 mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH 1290

0 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS Carl Orth M. D.
 (Signed) Sept 15th 1929 (Address) 1477 Penrose str

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Johns (North) DATE OF BURIAL Sept 17 1929

20. UNDERTAKER Math Hermann & Son 216 E Fair Ave ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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