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

Do not use this space.

701

3100

Registration District No. 10032

File No.

Registered No. 590

Primary Registration District No. #

1. PLACE OF DEATH

County

Township

City St Louis Mo. No. City Hospital 2 St. Ward)

2. FULL NAME John (Hornsby) Hornsby

(a) Residence. No. 2744 Morgan St., 27 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

101

2

31

2

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	Col	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-23-1888

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	—	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Chauffeur, Truck
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Robert Hornsby

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

12. MAIDEN NAME OF MOTHER Anna Dorte

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

14. INFORMANT A. Gertrude Creath
(Address) City Hospital #2

15. JAN 18 1930 Ray C. Starkloff
FILED ....., 19.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-13 1930

17.
I HEREBY CERTIFY, That I attended deceased from 1-9, 1930 to 1-13, 1930 that I last saw h. alive on 1-13, 1930 and that death occurred, on the date stated above, at 4:10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Toxemia
Nephritis
Diabetes
Sepsis
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Urinary Extravasation due to Stricture (G.S. Origin)
(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Home
DID AN OPERATION PRECEDE DEATH? yes DATE OF Tube drainage 1/13/30
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) H. Hulsthers, M. D.
1/14, 1930 (Address) City Hosp #2

*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 Greenwood Cem. DATE OF BURIAL 1/19 1930

20. UNDERTAKER C. W. Roberts ADDRESS 3035 Lucas