

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

Do not use this space.

24591

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo (No. 5700, Arsenal)

File No.

Registered No. 6748.

St. Ward)

2. FULL NAME Margaret Hornblein

(a) Residence. No. 5700 Arsenal St., 13 Ward.

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) aug 6, 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or mts.
	<u>80</u>	<u>11</u>	<u>5</u>	

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

9. BIRTHPLACE (CITY OR TOWN) not known
(STATE OR COUNTRY) Germany

10. NAME OF FATHER not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY) Germany

14. INFORMANT Mr. M. E. Pfeiffer
(Address) 5700 Arsenal St

15. FILED JUL 12 1930
May O. Stender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 1930

17. I HEREBY CERTIFY, That I attended deceased from 7-11-30, 1930, to 7-11-30, 1930, that I last saw h. alive on 7-11-30, 1930 and that death occurred, on the date stated above, at 3:55 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
107A

(duration) ? yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pneumonia
(duration) ? yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) R. H. H. H. H., M. D.
7-12-1930 (Address) 5600 Arsenal

*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. Peter's Paul DATE OF BURIAL July 14 1930

20. UNDERTAKER Armedes Ubo ADDRESS 1718 So 9th

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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