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

Do not use this space.

7342

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 1656

Township ..... Primary Registration District No. 1002 Registered No. 1656

City St Louis (No. 1501 So. Seventh St. ..... Ward)

2. FULL NAME Mary Horn

(a) Residence. No. 1501 So. Seventh St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-7-1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73	9	1	

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

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Max Wunsch

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Edwin Horn
(Address) 1818 Ann Ave

15. FILED FEB -9 1931, 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8 1931

17. I HEREBY CERTIFY, That I attended deceased from November 2, 1930, to February 5, 1931 that I last saw her alive on Feb 5, 19 ..., and that death occurred, on the date stated above, at 4 05 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Hypertrophic Cirrhosis (Hepatic
4 LB
1 NB (duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Carcinoma (Gastric)
..... (duration) ..... yrs. 2 mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED 46B
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Henry G. Pieper, Ph. G., M. D.
, 19 (Address) 4126 S. Grand Blvd.

*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 New St. Marcus Cem

DATE OF BURIAL Feb 11 1931

20. UNDERTAKER Hauck & Schmitt

ADDRESS 3737 S Grand

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.