

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.

MAY 23 1931

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

Do not use this space.

13749

1. PLACE OF DEATH

County Franklin Registration District No. 297
Township Washington Primary Registration District No. 8016
City Washington (No., Ward)

File No.
Registered No. 59 St. Ward

2. FULL NAME Emil Louis Horn

(a) Residence, No. 413 Cedar Street St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Emma Steffens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1888

7. AGE YEARS 42 MONTHS 5 DAYS 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Salesman 172

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Apr. 29/31 11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (CITY OR TOWN) Krakow, Missouri (STATE OR COUNTRY) 1

13. NAME Henry Horn

14. BIRTHPLACE (CITY OR TOWN) Krakow (STATE OR COUNTRY) Franklin County Mo

15. MAIDEN NAME Caroliné Rosenkoetter

16. BIRTHPLACE (CITY OR TOWN) Union Twp (STATE OR COUNTRY) Mo

17. INFORMANT William Horn (ADDRESS) Union Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peters DATE April 17th

19. UNDERTAKER Otto & Co (ADDRESS) Washington Mo

20. FILED Apr. 16 1931 Ord. Munch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 1931

22. I HEREBY CERTIFY, That I attended deceased from April 10 1931, to April 13 1931. I last saw him alive on April 13 1931. Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation Date of onset

17/18 / 21

Other contributory causes of importance: Appendicitis, Acute with Appendectomy

Name of operation Appendectomy Date of April 19, 31
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify
(Signed) Frank E. Mays M. D.
(Address) Washington, Mo

