

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

**1003**

File No. **15807**

Township.....

Primary Registration District No.

Registered No. **4260**

City **St. Louis, Mo.**

(No. **Marion Hosp.**)

St. .... Ward)

**2. FULL NAME** **Stephen A. Horn**

(a) Residence No. **548 W. Davis** St. **1** 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.

**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 (OR) WIFE OF **Mable Horn**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept. 3, 1896**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**34 7 3**

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **Police Officer 1880**  
(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) **Mo.**

10. NAME OF FATHER **Charles Horn**

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

12. MAIDEN NAME OF MOTHER **Minnie Nebi**

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

14. INFORMANT (Address) **3640 Marine Ave., St. Louis, Mo.**

15. FILED **1931** REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 6, 1931**

17. I HEREBY CERTIFY, That I attended deceased from **March 18, 1931** to **April 6, 1931** that I last saw him alive on **Apr. 6, 1931** and that death occurred, on the date stated above, at **3:05 PM**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Brain Tumor type unknown** (duration) yrs. **2** mos. ds.

CONTRIBUTORY (SECONDARY) **5410** (duration) yrs. mos. ds.

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

1 DID AN OPERATION PRECEDE DEATH? **No.** DATE OF **4-6-31**

WAS THERE AN AUTOPSY? **No.**

WHAT TEST CONFIRMED DIAGNOSIS (Signed) **Georg Smith** M. D.

, 19 **31** (Address) **3640 Marine Ave**

\*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 **Park Lawn Cem.** DATE OF BURIAL **April 7 1931**

20. UNDERTAKER **Wm. J. Funder** ADDRESS **7128 Michigan**

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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