

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

Do not use this space.

16176

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1008  
 City St. Louis (No. De Paul Hoop)..... St. .... Ward

File No. ....  
 Registered No. 4654  
 St. .... Ward

**2. FULL NAME**

John Horschmann  
 (a) Residence No. 6219 Page Ave St. 6 Ward. St. Louis Co. Mo.  
 (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)**

Widowed

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

Alvina Horschmann

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

June 25, 1849

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
81	9	20	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Gardner  
 (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) Illinois

**10. NAME OF FATHER**

Don't know

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Don't know

**12. MAIDEN NAME OF MOTHER**

Don't know

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Don't know

**14. INFORMANT**

Mr. Wm. Horschmann  
 (address) 6219 Page Ave

**15. FILED**

APR 18 1931  
Wm. C. Starnes  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** April 15 1931

**17. I HEREBY CERTIFY, That I attended deceased from** April 12, 1931, to April 15, 1931, that I last saw him alive on April 15, 1931, and that death occurred, on the date stated above, at 4.05 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

metastatic carcinoma  
765 (duration) 3 yrs. 0 mos. 0 ds.  
 CONTRIBUTORY Carcinoma Stomach  
 (SECONDARY) (duration) 2 yrs. 0 mos. 0 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. 6219 Page Ave

**DID AN OPERATION PRECEDE DEATH? NO DATE OF**

WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS** Stomach Analysis

(Signed) Arthur Swallow, M. D.

4/15 1931 (Address) 220 University St

\*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**

Valhalla Cemetery

**DATE OF BURIAL**

4-18 1931

**20. UNDERTAKER**

Geo. L. Pleitach

**ADDRESS**

5966 Eastern Ave.

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.

2202 <sup>9</sup> *Simulium* sp. *Beck.*

12 *to* 12. *Beck.* 2000