

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township CONDELET Primary Registration District No. 8248 B
 City Koch, Mo. (No. Koch Hosp.) St. _____ Ward _____

26187

File No. _____
 Registered No. 255

2. FULL NAME Arthur Horn

(a) Residence. No. 1474⁹ Rowan St. _____ 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. _____ da. How long in U. S., if of foreign birth? yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 18th 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 6 17

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

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

10. NAME OF FATHER Adam Horn
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) ?
 12. MAIDEN NAME OF MOTHER Bertha Merkel
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Plauen Germany

14. INFORMANT Adam H. Horn
 (Address) 5318 Nevada St. Louis

15. FILE July 7, 1931 L. C. Obrowski REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5th 1931
 17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1930 to July 5, 1931, that I last saw him alive on July 15, 1931 and that death occurred, on the date stated above, at 10:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
23673 Pulmonary Tuberculosis
 (duration) yrs. 7 mos. 20 ds.
 CONTRIBUTORY (SECONDARY) Ischio-rectal abscess
 (duration) yrs. 7 mos. 20 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) P. H. Chyluck M. D.
 , 19 _____ (Address) Koch Mo

*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 DATE OF BURIAL
St. Peter's Cemetery July 8th 1931

20. UNDERTAKER ADDRESS
Hauck & Schmitt S. Grand

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.

JUL 20 1931

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