

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

Do not use this space.

5955

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 788
 12 Township CENTRAL Primary Registration District No. 4471
 8 City NEPSTER GROVES (No. 305 MADISON AVE.) St. _____ Ward _____

File No. _____
 Registered No. 14
 St. _____ Ward _____

2. FULL NAME OLIVIA A.E. HORST.
 (a) Residence, No. 305 MADISON AVE. St. _____ Ward _____
 (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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 5 - 1911
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 | 8 | 17 | _____ | _____ | _____
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Child
 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MADLEWOOD - Mo.
 13. NAME FRED H. HORST.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MADLEWOOD - Mo.
 15. MAIDEN NAME JOSEPHINE DRING.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MADLEWOOD - Mo.
 17. INFORMANT MR. FRED H. HORST.
 (ADDRESS) 305 MADISON AVE.
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marcus Cem (old) DATE Feb 24, 1932
 19. UNDERTAKER Crogan Und Co inc.
 (ADDRESS) 7146 Manchester Ave.
 20. FILED 2/22 19 32 BY Dr. A. W. Westrup
C. C. C. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 22 - 1932
 22. I HEREBY CERTIFY, That I attended deceased from 2 - 12 - 1932 to 2 - 22 - 1932
 I last saw h. alive on 2 - 12 - 1932 Death is said to have occurred on the date stated above, at 4:55 A.M.
 The principal cause of death and related causes of importance were as follows:
Diphtheria Date of onset _____
10 95 A / 10
 Other contributory causes of importance:
Heart block
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Culture 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 _____
 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) Albert M. Estes M. D.
 (Address) 3101 A Sullivan Ave, Maplewood, Mo

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.

MAR 5 1932

