

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

Do not use this space.

20635

1. PLACE OF DEATH

96 County St. Louis Registration District No. 754
Township St. Ferdinand Primary Registration District No. 6030
City (No.) St. Ward

File No.
Registered No.
St. Ward

FULL NAME

Paul Hornmann

(a) Residence. No. Near Florissant mo 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3^d 1932

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN) Near Florissant
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Joseph Hornmann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Near Florissant
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Kathryn Gruenfeld

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Near Florissant
(STATE OR COUNTRY) Mo

14. INFORMANT Joseph Hornmann
(Address) Near Florissant mo

15. FILED June 7th 1932 Edwards & Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6 1932

17. I HEREBY CERTIFY, That I attended deceased from June 3, 1932, to June 6, 1932 that I last saw h. k. alive on June 5, 1932, and that death occurred, on the date stated above, at 6:55 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Imperfect closure of
foramen ovale
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) 1570
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ①
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. J. Williamson, M. D.

(Address) Florissant 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 Florissant
Sacred Heart Cem. DATE OF BURIAL 6-6 1932

20. UNDERTAKER Edwards & Davis ADDRESS 3516 414

+Edward Koch

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.

