

**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. 701
 Township..... Primary Registration District No. 10W35
 City St. Louis (No. 2635 Quincy St) Ward.....
 File No. 11640
 Registered No. 2717

2. FULL NAME

(a) Residence, No. 2635 Quincy St 17 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rattie Hortman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 6, 1883</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>11</u>
	DAYS <u>13</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>O'Connor Coffee Co. St. L.</u>	
	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) <u>Alton Illinois</u>		
FATHER	13. NAME <u>Sebastian Hortman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alton Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Mary O'Brien</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chillicothe Missouri</u>	
17. INFORMANT (ADDRESS) <u>Rattie Hortman 2635 Quincy St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>3/22/33</u>		
19. UNDERTAKER (ADDRESS) <u>John P. Cooney & Son 1922 W. 22nd St St. L.</u>		
20. FILED <u>APR 21 1933</u> <u>May C. Stankin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 19 - 1933

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1933 to March 17, 1933
 I last saw him alive on March 17, 1933. Death is said to have occurred on the date stated above, at 6:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
100% Broncho-Pneumonia
of neck
Carbuncle right side
 Date of onset: 1/13/33

Name of operation Incision 1/29/32 1/27/33 Date of.....
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 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) Lawrence Schlenker, M. D.
 (Address) 3606 Gravois Av.

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.

