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.

MAY 24 1935

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

Do not use this space.

399

1002

12953

File No.

Registered No. 1655

1. PLACE OF DEATH

County Jackson — Registration District No.

Township [redacted] — Primary Registration District No.

City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Phillipine Horst

(a) Residence, No. 4428 Forest St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
68	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) St Louis Mo.

FATHER

13. NAME Christain Goerisch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Marian Balsz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Geo E. Horst
(ADDRESS) 3101 Washington

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill Cem DATE April 18, 35

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 W. Linwood

20. FILED 4-17 1935 M. M. Crowe, asst
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 35. 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1935, to April 16, 1935

I last saw him alive on April 16, 1935. Death is said to have occurred on the date stated above, at 7:17 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Myocardial Colic	

Other contributory causes of importance:

Arteriosclerosis
Coronary Sclerosis
Diabetes Mellitus

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Earl R. Ferrey, M. D.

(Address) 934 Argyle Bldg.

924 Argyle - 1 to 5

1934 - 8 - 17
12 31
66 - 3 - 25
68 - 12 - 23