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.

FEB 10 1936

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

Do not use this space.

3388

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 1954 Arsenal St. ..... Ward)

File No. ..... Registered No. 620

2. FULL NAME William Horack

(a) Residence, No. 1954 Arsenal St., 24 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: Male
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: Minnie Horack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 11 1865

7. AGE: YEARS 70 MONTHS 9 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shipping Clerk
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: Frank J. Horack
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis MO

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis MO

17. INFORMANT (ADDRESS): Minnie Horack 1954 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE: S S Peter & Paul DATE: Jan 18 1936

19. UNDERTAKER (ADDRESS): Thos Kutis 2906 Gravois ave

20. FILED: JAN 17 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 16, 1936

22. I HEREBY CERTIFY, that I attended deceased from Dec. 15, 1935, to Jan. 16, 1936

I last saw him alive on Jan 15, 1936. Death is said to have occurred on the date stated above, at 4 A. m.

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

	Date of onset
Chronic Myocarditis	10 yrs
Chronic Interstitial Nephritis	3 yrs

Other contributory causes of importance: 31

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) R B Karn, M. D.

(Address) 3616 So. Broadway.