

AUG 18 1936

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

Do not use this space.

28286

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **St. Louis.**(No. **1855 Russell Blvd.**)

File No.

Registered No. **7044**

St. Ward)

2. FULL NAME

Gottlob Hornung(a) Residence, No. **1855 Russell Blvd.** St. **23** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **45** yrs. mos. ds.How long in U. S., if of foreign birth? **45** 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
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Katherine Hornung6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 30, 1866**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	69	5	10	

OCCUPATION

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

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) **Germany**13. NAME **Unknown**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**17. INFORMANT **Katherine Hornung**
(ADDRESS) **1855 A Russell Blvd**18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **July, 13, 36**19. UNDERTAKER **J. B. Maydell**
(ADDRESS) **1926 Allen Ave.**20. FILED **JUL 13 1936** **J. T. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July, 10, 1936**22. I HEREBY CERTIFY, That I attended deceased from **Oct. 23, 1935** to **7/10, 1936**I last saw him alive on **7/6, 1936** Death is said to have occurred on the date stated above, at **1.45 P.M.**

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

Cardiac Decompensation	Date of onset 3/8/36
Chronic Bronchitis	5/9/36

Other contributory causes of importance:

Arteriosclerosis
Pemphigus Vulgaris
Chronic Myocarditis

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

What test confirmed diagnosis?..... 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....., 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 **M. J. Mistachkin, M. D.**
(Signed)(Address) **1259 N. Kingshighway**

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.

