

OCT 5 1936

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

Do not use this space.

36047

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **ST LOUIS** (No. **ST Johns** **1883**)

File No. **9674**
Registered No.
St. Ward)

2. FULL NAME **JOSEPHINE DAM HORST**

(a) Residence, No. **5938 KINGSBURY** St., **5** Ward.
(Usual place of abode) (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 FEMALE | 4. COLOR OR RACE WHITE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 24 1869 | | |
| 7. AGE YEARS 66 | MONTHS 11 | DAYS 28 |
| 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) **MO**

13. NAME **UNKNOWN**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

15. MAIDEN NAME **UNKNOWN**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

17. INFORMANT (ADDRESS) **MRS. GEO. E. GESSLER, 5938 KINGSBURY**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY** DATE **SEPT 24 1936**

19. UNDERTAKER (ADDRESS) **HARRY MULLER, 5165 DELMART BLVD**

20. FILED **SEP 28 1936** Registrar **JF Bredeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 22 1936**

22. I HEREBY CERTIFY, That I attended deceased from **June 24 1936** to **Sept 22 1936**
I last saw her alive on **Sept 22 1936** Death is said to have occurred on the date stated above, at **8 P. M.**
The principal cause of death and related causes of importance were as follows:

Carcinoma of right breast - (with extension to lower lungs etc)

Other contributory causes of importance:

Myocarditis

Date of onset

Sept 1936

3 days

Name of operation **None** Date of.....
What test confirmed diagnosis? **Clinical** 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) **Wm P. Glennon**, M. D.
(Address) **University Club Bldg St Louis**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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Kennerly

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