

NOV 4 1936

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

Do not use this space.

39337

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **2703**; **N. Spring Ave.**) Registered No. **10372**
St. _____ Ward _____

2. FULL NAME

John W. Horst
(a) Residence, No. **2703 N. Spring St.**, **11** 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know		
7. AGE YEARS about 87	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None		
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.		
13. NAME Wm. Horst		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
15. MAIDEN NAME Don't know		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT (ADDRESS) Over Nohl 100 N. Broadway		
18. BURIAL, CREMATION, OR REMOVAL PLACE St. John Cem DATE 10/16/36		
19. UNDERTAKER (ADDRESS) Thomas L. Linder 1417 N. Market		
20. FILED OCT 15 1936 J. F. Bredeck Registrar		

No. 1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 17, 1936**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at **2:30 p.m.**

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

Date of onset **July/36**

Other contributory causes of importance:
Heart stroke
Debility

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?
If so, specify _____
(Signed) **Harold L. Linder** M. D.
(Address) _____

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.

RECORDS & PERMANENT RECORDS

100-100000

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