

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.

NOV 9 1937

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

Do not use this space.

43335

1. PLACE OF DEATH

County St. Louis Registration District No. 1123  
Township Carondelet Primary Registration District No. 6248 B  
City Koch (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward)

2. FULL NAME

Emily Hornack  
(a) Residence, No. 2607 E 11th St. \_\_\_\_\_ Ward. St. Louis, Mo.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 3 mos. 5 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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) 6-18-16

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>20</u>	<u>4</u>	<u>16</u>	

OCCUPATION	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.	_____
	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 George Hornack

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chebo-Slovakia

MOTHER 15. MAIDEN NAME Catherine Balogh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chebo-Slav.

17. INFORMANT (ADDRESS) Karl Hoop, Records

18. BURIAL, CREMATION, OR REMOVAL PLACE New S. S. Peter Paul DATE Nov. 7 1936

19. UNDERTAKER (ADDRESS) Mondell 1926 Allen Ave

20. FILED Nov. 5 1936 G. Maury Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-4-1936

22. I HEREBY CERTIFY, That I attended deceased from 7-29-1936 to 11-4-1936

I last saw h. et alive on 11-3-1936 Death is said to have occurred on the date stated above, at 2:10 P.M.

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

Chr. Pulmonary TB  
Date of onset Jan 1936

Other contributory causes of importance: 3

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Sputum X-Ray 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) D. H. Jungner, M. D.  
(Address) Koch, Mo.

