

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. 30 7) Registration District No. 791
Primary Registration District No. 1003 File No. 8598
Registered No. 2755 St. Ward)

2. FULL NAME Rebecca E. Horst

(a) Residence, No. St. N.R. Ward. Springfield, Missouri
(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Otto C. Horst

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12th, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 10 6

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

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) Golden City, Missouri

13. NAME William L. Garrett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green County, Missouri

15. MAIDEN NAME Anna Williamson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Otto C. Horst
(ADDRESS) Springfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Springfield, Mo. DATE February 21, 1937

19. UNDERTAKER Albert H. Hoppe Inc.
(ADDRESS) 429 N. Euclid Avenue

20. FILED: FEB 18 1937 J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 18th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-9-, 1937, to 2-19-, 1937

I last saw him alive on 2-19-, 1937. Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Fuma of Brain Tumor
Pulmonary adenocarcinoma
of Breast

Date of onset

Other contributory causes of importance: 50

Name of operation Autopsy Date of 2-20-37
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?

If so, specify (Signed) J. M. Stamm, M. D.

(Address) Beaumont Bldg.

N. E. - Every item of information should be carefully supplied. No information should be omitted. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

899

