

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis CountyRegistration District No. 489Township CentralPrimary Registration District No. 6033

City

(No. St. Vincent's Sanitarium)File No. 13400Registered No. 80

St. _____ Ward _____

2. FULL NAME

Mrs. Anna G. Horn(a) Residence, No. Pensacola, Fla. St. _____ 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)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED MARRIED OR (OR) WIFE OF

Adolph Horn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

9/6/1877

7. AGE

59 YEARS5 MONTHS2 DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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)

St. Louis Missouri

FATHER

13. NAME

Herman H. Winner

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

St. Louis Mo. U. S. A.

MOTHER

15. MAIDEN NAME

Augusta Beinfeld

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

St. Louis Mo. U. S. A.

17. INFORMANT (ADDRESS)

Sister Mary Irene, Sac'y. St. Vincent's Sanitarium

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Cemetery DATE Mar. 10, 1937

19. UNDERTAKER (ADDRESS)

Truth Center Mortuary 4030 Lindell Blvd.

20. FILED

3-9-1937 J. B. Bisler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

3/8/193722. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1936, to March 8, 1937I last saw her alive on March 8, 1937. Death is saidto have occurred on the date stated above, at 2:20 A.M.

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

Carcinoma of Breast with generalized carcinomatous metastasis

Date of onset

Other contributory causes of importance: NoneName of operation None

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? No

If so, specify _____

(Signed) Wm E. Moore M.D., M. D.(Address) 9301 Natural Bridge RdNormandy, Missouri

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.

