

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

39153
Do not use this space.

1. PLACE OF DEATH **DEC 13 1937**
 (a) Registration District No. **791 / 1003**
 (b) Township
 (c) City **St. Louis, Mo.** (d) Street No. **St. Anthony Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME **Jesse Luther Horton**
 (a) Residence, No. (Usual place of abode, if no street address, write county or city) St. **NR Irondale, Missouri**
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Maggie Horton**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 3rd, 1868**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 6 27
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) **Sept. 29th, 1937** 11. Total time (years) spent in this occupation **40 Yrs.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **John Horton**

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

MOTHER 15. MAIDEN NAME **Catherine Woods**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Belgrade Missouri**

17. INFORMANT **Maggie Horton**
(ADDRESS) **Irondale, Missouri**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Irondale, Mo.** DATE **October 31 1937**

19. FUNERAL DIRECTOR **Albert H. Hoppe Inc.**
(ADDRESS) **429 N. Euclid Avenue**

20. FILED **NOV 1 1937** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 30th 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 3**, 1937, to **Oct. 30**, 1937.
 I last saw him alive on **Oct. 29**, 1937. Death is said to have occurred on the date stated above, at **6:30** A.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach with metastases to pancreas, liver and lungs (Date of onset **May '37**)

Other contributory causes of importance:

Name of operation **None** Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? **Yes**

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) **H. B. Kempster**, M. D.
 (Address) **3603 Washington St.**

STATEMENT BY LICENSED EMBALMER

I, Benj. C. Duncan, Licensed Embalmer No. 2272

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Benj. C. Duncan

Licensed Embalmer No. 2272

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)