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.

FEB 12 1938

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

1225
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 1081

(c) City St. Louis (d) Street No. City Hospital No. 1 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.

C15704

2. PRINT FULL NAME Raymond Horn 650

(a) Residence, No. 2750 a Ann St. 23

(Usual place of abode, if no street address, write county or city) (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 Lila Horn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8th, 1908

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
29	5	19	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. pipe fitter

10. Date deceased last worked at this occupation (month and year) January 17, 1938

11. Total time (years) spent in this occupation 18 Months

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre, Missouri

FATHER

13. NAME Marvin Horn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre Missouri

MOTHER

15. MAIDEN NAME Alpha Buckner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre, Missouri

17. INFORMANT Hosp. Info M. Kent

(ADDRESS) City Hospital #1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bonne Terre, Mo. DATE January 31, 1938

19. FUNERAL DIRECTOR Albert H. Hoppe Inc.,

(ADDRESS) 429 N. Euclid Avenue

20. FILED JAN 29 1938, 19 J. J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/27/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/24/38, 19 to 1/27/38, 19

I last saw him alive on 1/27/38, 19 Death is said to have occurred on the date stated above, at 9.25 p m

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

	Date of onset
Probably typhoid fever	

Other contributory causes of importance:

a.

b.

c.

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) Wm F. Friedenwald, M. D.

(Address) City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

OCT 9 1946

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.)