

DEC 12 1938

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

37714
Do not use this space.

1. PLACE OF DEATH

- (a) County..... 2 Registration District No. **791**
(b) Township..... 1 Primary Registration District No. **1003** Registered No. **10041**
(c) City **St. Louis, Mo.** (d) Street No. **522 Eiler St.** 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 **Emil Horkenbach**

- (a) Residence, No. **522 Eiler St.** St. **15** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **Nettie Horkenbach**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 9, 1871**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 8 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Salesman**
9. Industry or business in which work was done, as saw mill, bank, etc. **Vegetables**
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME **August Horkenbach**

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

MOTHER 15. MAIDEN NAME **Eleanor Stoecker**

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

17. INFORMANT **Mr. Nettie Horkenbach**
(ADDRESS) **522 Eiler St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Picker Cem.** DATE **Nov. 21, 1938**

19. FUNERAL DIRECTOR **Bergesch Und. Co.**
(ADDRESS) **3661 Washington Bl.**

20. FILED **NOV 1 1938** **J. T. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 18, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **May 4, 1938**, to **11-7, 1938**.

I last saw him alive on **11-7, 1938**. Death is said to have occurred on the date stated above, at **1:50 P. m.**

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

Chc. Myocarditis
Hypertensive Heart Disease
Other contributory causes of importance:
Metral Regurgitation
Hypertension

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? **No**

If so, specify **S. J. Hayden** (Signed) **5849 Delmar**, M. D.

(Address) **5849 Delmar**

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed

John Fetter

Licensed Embalmer No.

3880

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.)