

NOV 27 1938

DEC 8 1938

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

40425
Do not use this space.

1. PLACE OF DEATH
 (a) County Saint Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 200 Registered No. 1942
 (c) City Jefferson Barracks (d) Street No. U. S. Veterans 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. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Herman Horneyer
 (a) Residence, No. Edison Hotel, Saint Louis, Mo. St.
 (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 2 11

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stock Clerk
 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) --- 11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (CITY OR TOWN) Alton,
 (STATE OR COUNTRY) Illinois.

FATHER
 13. NAME Christian Horneyer
 14. BIRTHPLACE (CITY OR TOWN) ---
 (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Theresa Sundeshausen
 16. BIRTHPLACE (CITY OR TOWN) ---
 (STATE OR COUNTRY) Germany

17. INFORMANT Clifford Jackson Jefferson
 (ADDRESS) Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL
Acton City Cemetery PLACE Alton, Mo. DATE Nov. 28, 1938

19. FUNERAL DIRECTOR Robert H. Strecker
 (ADDRESS) 2521 Edwards St. Alton, Ill.

20. FILE NO. NOV 27 1938 R. B. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 22, 1938, to November 26, 1938
 I last saw him alive on November 26, 1938. Death is said to have occurred on the date stated above, at 4:10 AM.
 The principal cause of death and related causes of importance were as follows:

Myocarditis. Date of onset Unkn.

Other contributory causes of importance:
Hypertension and arteriosclerosis. Unkn.

Name of operation None Date of ---
Phy. Clinical exam. and laboratory
 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) H. L. FLECK, Chief Med. Officer M. D.
 (Address) VAF Jefferson Barracks, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Robert H. Streep, Licensed Embalmer No. 2474

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 Robert H. Streep

Licensed Embalmer No. 2474

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.)