

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 10112

1. PLACE OF DEATH:

1.003
(a) County _____ /
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Emmett Horton Jr.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Gladys 6. (c) Age of husband or wife if alive 44 years7. Birth date of deceased Feb. 2 1891
(Month) (Day) (Year)8. AGE: Years 48 Months 9 Days 24 If less than one day _____ hr. _____ min.9. Birthplace Unknown
(City, town, or county) (State or foreign country)10. Usual occupation Laborer

11. Industry or business _____

12. Name Charlie Horton13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Emmett Horton Jr.(b) Address Herculaneum, Mo.17. (a) Removal (b) Date thereof 11/28/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Herculaneum, Mo.18. (a) Signature of funeral director Albert H. Hoppe.(b) Address 4700 Washington Ave.19. (a) NOV 27 1939 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Herculaneum NR
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26
year 1939 hour 4 minute 35 P.M.21. I hereby certify that I attended the deceased from November 22, 1939 to November 26, 1939; that I last saw him alive on November 26, 1939; and that death occurred on the date and hour stated above.
Immediate cause of death Generalized periton.
itis of stomach
Duration 4 da.Due to Perforated gastric ulcerDue to Perforated gastric ulcerOther conditions Bilateral lobar pneumonia
(Include pregnancy within 3 months of death)Major findings: Perforated gastric ulcer
Of operations: Generalized peritonitis
Of autopsy: Same as above plus bilateral lobar pneumonia

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

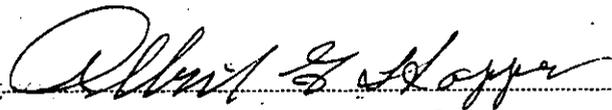
While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature W. A. Keeney (M. D. or other)Address Firmin Desloge Hosp Date signed 11-26-39

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No.....

2971

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.