

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 91292612Registration District No. 791Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

- (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:
2225 Osage St.
 (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 ALVERY A. HORTIZ

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Bertha 6. (c) Age of husband or wife if alive 44 years
 7. Birth date of deceased March 6 1894
 (Month) (Day) (Year)

8. AGE: Years 46 Months -- Days 13 If less than one day hr. _____ min. _____9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Foreman Street Department
City of St. Louis

11. Industry or business _____

12. Name Albert Hortiz
 13. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Katherine Ditzler
 15. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bertha Hortiz
(b) Address 2225 Osage St.17. (a) Burial (b) Date thereof Mar. 22, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation SS. Peter & Paul Cem.18. (a) Signature of funeral director J. N. Holden L. & Co.
(b) Address 2842 Meramec St.19. (a) MAR 19 1940 (b) J. B. [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis 15
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2225 Osage St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1940 hour 12 minute 55 A. M.21. I hereby certify that I attended the deceased from Dec 23 1939, to Mar. 19 1940
that I last saw him alive on March 19 1940
and that death occurred on the date and hour stated above.Immediate cause of death Sudden Coronary Occlusion Duration 2 hrs.Due to Coronary Sclerosis and Hypertension 1 yr. 91Due to _____
Other conditions (Include pregnancy within 3 months of death) OKMajor findings: Of operations e
Of autopsy c
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 R. F. Higgins (M. D. or other) _____
Address 2000 S. Broadway Date signed 3-19-40

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Robert F. Gebken

, Registered Apprentice No. 187

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

2842 Meramec St.

P. O. Address St. Louis, Mo.

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.