

FILED MAY 15 1940  
Registration District No. 784

Primary Registration District No. 106

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Glendale  
(c) Name of hospital or institution:  
55 Berry Road Park  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Glendale  
(If outside city or town limits, write "RURAL")  
(d) Street No. 55 Berry Road Park  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Julius C. Horstman 623  
(b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 494-03-4156

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha R. Horstman 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May 9, 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 0 3 hr. min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Buyer

11. Industry or business Hassenduebel Grocer Co.

12. Name Not known

13. Birthplace "  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace "  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bertha R. Horstman  
(b) Address 55 Berry Rd. Park., Glendale

17. (a) Burial (b) Date thereof May 14, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Charles Brown  
(b) Address 4911 Washington Bl

19. (a) MAY 12 1940 (b) R. K. Meyer  
(Date received local registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12  
year 1940 hour 4 minute 55 P. M.

21. I hereby certify that I attended the deceased from Feb. 25, 1940 to May 12, 1940.  
that I last saw him alive on May 12, 1940.  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Chronic Myocarditis  
Chronic diffuse nephritis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 131

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? 70'

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Wendy Becke (M. D. or other) \_\_\_\_\_  
Address 3720 Washington Date signed 5-13-40

Duration

1 yr.  
1 yr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

100-5173-30  
REV. 1-1-35

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**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 Thomas R. Fenwick

Licensed Embalmer No. 3793

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.**