

Registration District No. **791**

Primary Registration District No. **1003**

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:
2715 So. Kingshighway Blv'd. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community **18 years.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County.....
(c) City or town **St. Louis,** **13**
(If outside city or town limits, write "RURAL")
(d) Street No. **2715 So. Kingshighway Blv'd.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

3. (a) PRINT FULL NAME **Gurnea M. Horton. 635**
(b) If veteran, **494-07-3654** 8. (c) Social Security name war **none.** No. **none.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **15th,**
year **1940.** hour **2** minute **P.** M.

4. Sex **Male.** 5. Color or race **White.** 6. (a) Single, widowed, married, divorced **Married.**
6. (b) Name of husband or wife **Gail Horton.** 6. (c) Age of husband or wife if alive **57.** years
7. Birth date of deceased **Jan'y 31, 1880.**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 28**
1934 to July 15th 1940
that I last saw him alive on **July 15th** 19**40**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
60. 5. 14. hr. min.

Immediate cause of death
Arteriosclerosis Bright's **4 yr.**
Dis-ease
Due to **Arteriosclerosis Heart** **6 yr.**
Dis-ease
Due to **General Arteriosclerosis** **7 yr.**

9. Birthplace **unknown. Iowa. 1**
(City, town, or county) (State or foreign country)

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

10. Usual occupation **Retired Superintendent.**

11. Industry or business **Western Union.**

MOTHER FATHER { 12. Name **Rufus Horton. 9**
13. Birthplace **unknown 9**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown.**
15. Birthplace **unknown. 9**
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Jack Horton.**

(b) Address **2715 So. Kingshighway Blvd.**

17. (a) **Burial.** (b) Date thereof **7-17-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park.**

18. (a) Signature of funeral director **C. R. Lupton & Sons.**

(b) Address **#7233 Delmer Blv'd.**

19. (a) **JUL 16 1940** (b) **J. F. Bradeck**
(Date received by Registrar) (Registrar's signature)

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 **G. R. Duffler** (M. D. or other).....
Address **1020 New Market Blvd. St. Louis** Date signed **7-16-40**

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

Dr. A. R. Shreffler.
Mo Theatre Bld'g.
JE. 7469.

8:30 AM — 2-3 PM

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 Clarence H. Murray
Licensed Embalmer No. 4011
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.