

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 27236Registration District No. 791Primary Registration District No. 1003Registrar's No. 7132

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:
JEWISH HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 DAYS
 (Specify whether
 In this community 9 YRS.
 years, months or days) 605

3. (a) PRINT FULL NAME LUCILE LEE HORTON3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife THOMAS C. HORTON 6. (c) Age of husband or wife if alive 57 years7. Birth date of deceased JUNE 15 - 1890
(Month) (Day) (Year)8. AGE: Years 50 Months 2 Days 8 If less than one day
— hr. — min.9. Birthplace MILTON VALE KANSAS
(City, town, or county) (State or foreign country)10. Usual occupation AT HOME

11. Industry or business _____

12. Name (Unknown) LYNE13. Birthplace ENGLAND
(City, town, or county) (State or foreign country)14. Maiden name RUTH OWLSLEY15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. J. Steben
(b) Address 603 LEE AVE WEBSTER GROVES17. (a) BURIAL (b) Date thereof AUG 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation MOUNT LIBERTY KAN.18. (a) Signature of funeral director Parker, Fred Co(b) Address WEBSTER GROVES MO.19. (a) AUG 23 1940 (Date received local registrar)
J. B. Beck (Signature of embalmers)

2. USUAL RESIDENCE OF DECEASED:

0
 (a) State MISSOURI (b) County ST LOUIS
 (c) City or town WEBSTER GROVES NR
 (If outside city or town limits write "RURAL")
 (d) Street No. 603 LEE AVE.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Aug day 23
year 1940 hour 4:00 minute A. M.21. I hereby certify that I attended the deceased from August 14, 1940, to Aug 23, 1940,
that I last saw him or her alive on August 13, 1940,
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of cervix Duration 2 yrs.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature William Bennett (M. D. or other) M. D.Address 3720 Washington Date signed 8/23/40

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 *G. C. Aldrich*

Licensed Embalmer No. 1332

P. O. Address Webster Grove

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.