

No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33938**

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **8635**

NOV 16 1940

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Deaconess Hospital
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME Catherine Barbara Hornal
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Victor Hornal 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased March 28th 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 20 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Hull

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

14. Maiden name Catherine Andrews

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

16. (a) Informant Victor Hornal
(b) Address 2622 So. Kingshighway Blvd.

17. (a) Burial (b) Date thereof 10-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) Oct 19 1940 (b) J. J. Biedert
(Date received final report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(d) Street No. 2622 So. Kingshighway Blvd.
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 18th
year 1940 hour 6:10 minute P.M. M. _____
21. I hereby certify that I attended the deceased from Oct 11, 1940, to Oct 18, 1940,
that I last saw her alive on October 18, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic pyelonephritis Duration 7 day
acute cholecystitis, probable non calculous
Due to _____ 1 yr. _____
Due to _____ 7 day _____
Other conditions 93c
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Anthony B. Day (M. D. or other) M.D.
Address 3720 Washington Blvd. Date signed 10-19-40

Dr. A. B. Day
3720 Washington
1-2 P.M.

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.....

Reinhold T. Lehner

Licensed Embalmer No.....

3395

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.