

Registration District No.

Primary Registration District No.

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:
Lutheran Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks
 (Specify whether
 In this community 40 yrs.
 years, months or days)

3. (a) PRINT FULL NAME Joseph J. Horlivy3. (b) If veteran,
name war _____3. (c) Social Security
No. 492-01-27364. Sex male 5. Color or
race white 6. (a) Single, widowed, married,
divorced married6. (b) Name of husband or wife
Elizabeth Upperkamp 6. (c) Age of husband or wife if
alive 47 years7. Birth date of deceased July 16 1886
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
54 4 19
hr. min.9. Birthplace Austria 7
(City, town, or county) (State or foreign country)10. Usual occupation Shoemaker 7

11. Industry or business _____

12. Name Frank Horlivy 713. Birthplace Austria
(City, town, or county) (State or foreign country)14. Maiden name Dvorak15. Birthplace Austria
(City, town, or county) (State or foreign country)16. (a) Informant Elizabeth Horlivy(b) Address 6625 Elmer17. (a) Burial (b) Date thereof 12-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sunset Burial Park18. (a) Signature of funeral director John J. Ziegenfuss(b) Address 7027 Gravois Ave19. (a) DEC 8 1940 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis W.R.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6625 Elmer Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? 40 yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5
year 1940 hour 10 minute 45 A.M.21. I hereby certify that I attended the deceased from
Dec 1 - 1940 to Dec 5 - 1940,
that I last saw him alive on Dec 5 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
acute dilatation of heart
Due to chronic hypertensive carcinoma of lungs
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations chronic hypertensive carcinoma of lungs and general metastasis
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 J. F. Bredich (M. D. or other)
Address 2027 Gravois Ave Date signed 12-6-40

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. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravins*

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, fact should be so stated above.