

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40731
State File No. 10502
Registrar's No.

791

7003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution City Hospital
(d) Length of stay: In hospital or institution 20 Hours
In this community 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 740 Thrush Avenue
(e) Attending Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1940 hour 6 minute 0 PM M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death
Atrophic Cirrhosis of the Liver
Membranous of the Stomach due to
paracarcinoma of the Vena AB
the Esophageal Cardiac Junction

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME William E. Horan

3. (b) If veteran, name war World War 3. (c) Social Security No. Government Employee

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

6. (b) Name of husband or wife Georgia M. Horan 6. (c) Age of husband or wife if alive 41 yrs

7. Birth date of deceased June 28 1894

8. AGE: Years 46 Months 5 Days 22 If less than one day hr. min.

9. Birthplace Kansas City Kan.

10. Usual occupation Gov. Civil Engineer

11. Industry or business

12. Name David Horan

13. Birthplace Ireland

14. Maiden name Not known

15. Birthplace Ireland

16. (a) Informant Mrs. Georgia M. Horan

(b) Address 740 Thrush Avenue

17. (a) Shipment (b) Date thereof 12/21/40

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) DEC 21 1940 (b) Registrar's signature

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

MOTHER FATHER

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature of physician

Address Date signed

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.....

Samuel Hampton

Licensed Embalmer No. 2967

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, fact should be so stated above.