

FILED FEB 25 1941

1003

Registration District No. 791

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis
(c) Name of hospital or institution. 4221 Gratiot St.
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Alois Horat

3. (b) If veteran, name war..... None
3. (c) Social Security No. None

4. Sex: male 5. Color or race: White
6. (a) Single, widowed, married, divorced. Widower

6. (b) Name of husband or wife. Late Catherine Horat
6. (c) Age of husband or wife if alive..... years
8th 1864 (Day) (Year)

7. Birth date of deceased. Nov. 8th 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 1 30 hr. min.

9. Birthplace. Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation. Butcher

11. Industry or business

12. Name. Unknown Horat

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

14. Maiden name. Unknown

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

16. (a) Informant. Joseph Horat
(b) Address. 4221 Gratiot St.

17. (a) Burial (b) Date thereof 1-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Peter & Paul

18. (a) Signature of funeral director. Kriegshauser Mortuar

(b) Address. 4228 So. Kingshighway Blvd.

19. (a) JAN 9 1941 (b) J.F. Buder 744
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. 000
(c) City or town. St. Louis
(d) Street No. 4221 Gratiot St.
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7th
year 1941 hour 6:35 minute. P.M. M.

21. I hereby certify that I attended the deceased from January 3 to January 7, 1941
that I last saw him alive on January 3, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. Myocarditis - Chronic
Generalized arteriosclerosis
Due to. Hypotension

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

23. Signature. Pierce W. Powers (M. D. or other) M.D.
Address. 2531 So. Jefferson Date signed 1/9/41

Duration Over 5 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. Pierce Powers

2531 So. Jefferson Ave.

9-10:30 Ia:1020

2-3

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 *Edwin M. Bennett*

Licensed Embalmer No. *3024*

P. O. Address.....

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.