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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4907

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 1155

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

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: Alexion Brothers Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6824 Virginia Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME EDWARD J. HORNSBY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 11 (Day) 1867 (Year)

8. AGE: Years 73 | Months 3 | Days 23 | If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business Retired 6 Months

FATHER
12. Name Nicholas L. Hornsby
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Madeline DeLaureal
15. Birthplace (City, town, or county) France (State or foreign country)

16. (a) Informant Francis Hornsby
(b) Address 4453 Laclede Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. H. Gebken Liv. & Und. Co.
(b) Address 2842 Meramec St.

19. (a) FEB 4 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3rd year 1941 hour 2 minute 40 A. M.

21. I hereby certify that I attended the deceased from Jan 23, 1941, to Feb. 2, 1941; that I last saw him alive on Feb. 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy · cerebral hemorrhage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

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) Fracture of femur
(b) Date of occurrence Jan 23-1941 10:00
(c) Where did injury occur? In his room (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at that home (Specify type of place)
While at work? no (e) Means of injury Fall due to paralysis of side

23. Signature Ecorce Mortuary (M. D. or other)
Address 6929 Virginia Date signed 2/3/41

(Licensed Embalmer's Statement on Reverse Side)

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2842 Merameo St. St. Louis, Missouri

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.