

Registration District No. 791

Primary Registration District No. 1003

State File No. _____

Registrar's No. 4371

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: Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 9 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL.")
(d) Street No. 955 Dover Place
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULLNAME Gentry J. Horton

3. (b) If veteran, name war No. (c) Social Security No. 702-16-4449

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

6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased January 23, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 4 0 _____ br. _____ min.

9. Birthplace Iron Mountain, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Locomotive Engineer

11. Industry or business Railroads

12. Name Clark Horton

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

14. Maiden name Unknown

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

16. (a) Informant Clara Horton

(b) Address 955 Dover Place

17. (a) burial (b) Date thereof 5/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Missouri

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chippewa St.

19. (a) MAY 25 1941 (b) [Signature]
(Date of issue of certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1941 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from 5/1/41 to 5/23/41
that I last saw him alive on 5/23/41 and that death occurred on the date and hour stated above.

Immediate cause of death art. sclerotic heart disease

Due to chr. glomerular nephritis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131

Major findings: Of operations _____

Of autopsy none

Duration
1 yr
1 yr
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) _____
(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 [Signature] (M. D. or other) 0
Address 5545 0 5 road Date signed 5/24/41

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

MOTHER FATHER

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

Ernest W. Spillars

Licensed Embalmer No.....

4080

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.

H/K