

Registration District No. 754

Primary Registration District No. 111

Registrar's No. 1133

96
8
ON
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town KIRKWOOD - HEIGHTS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MARY'S HOSP. =
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST. LOUIS
(c) City or town KIRKWOOD
(If outside city or town limits, write "RURAL")
(d) Street No. 333 NO. DICKSON AV.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

MARY HORNBERG

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE

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 JUNE 24 1884
(Month) (Day) (Year)

8. AGE: Years 54 Months 10 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis (Mo. Co.) (City, town, or county) MO. (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business HERMAN HORNBERG

12. Name HERMAN HORNBERG

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

14. Maiden name UNKNOWN

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

16. (a) Informant HERMAN HORNBERG

(b) Address 928 NICHOLAS AV. CLEVELAND

17. (a) BURIAL (b) Date thereof 5/29/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. PETER'S KIRKWOOD

18. (a) Signature of funeral director W. J. Croghan

(b) Address 7146 MANCHESTER AV.

19. (a) MAY 28 1941 (b) W. J. Croghan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1941 hour _____ minutes _____ M.

21. I hereby certify that I attended the deceased from November 1940 to May 27 1941; that I last saw her alive on May 27 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Ch. Bronchitis

Due to Bronchitis

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____
Of autopsy _____

Duration
3 days
6 mos

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) (f) Means of injury: _____

23. Signature W. J. Croghan (M. D. or other) _____
Date signed 5/28/41

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.....

Francis A. Williamson

Licensed Embalmer No. *3565*

P. O. Address *714 Manchester*

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.