

FILLED JUL 21 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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:
St. Lukes Hospital ()
(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..... **000**
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL") **67**
(d) Street No. **1469 Union**
(If rural, give location) **9**
(e) Citizen of foreign country?..... **()** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2**
year **1941** hour **4** minute **30 P.M.**

21. I hereby certify that I attended the deceased from
May 29, 19**41** to **June 2**, 19**41**;
that I last saw him..... alive on **June 2**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Ante Mortal Obstruction** Duration **1 week**

Due to..... **Strangulated Umbilical Hernia**

Due to.....

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

Major findings:
Of operations.....
Of autopsy..... **Ante Mortal Obstruction from Strangulated Hernia**

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..... **H. P. Wheeler** (M. D. ~~initials~~)
Address..... **St. Lukes Hosp.** Date signed **6/13/41**

3. (a) PRINT FULL NAME..... **Cora Horstkemp**

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..... **Married /**

6. (b) Name of husband or wife..... **Gerard Horstkamp** 6. (c) Age of husband or wife if alive..... **72** years

7. Birth date of deceased..... **Mar. 20 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 2 12 hr. min.

9. Birthplace..... **Aviston Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **Unknown**
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..... **Gerard Horstkamp**

(b) Address..... **1469 Union Blvd.**

17. (a) **Burial** (b) Date thereof **6-4-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Valhalla Cem.**

18. (a) Signature of funeral director..... **Drehmann-Harral**

(b) Address..... **1905 Union Blvd.**

19. (a) **JUN 4 1941** (b) **J. T. Zedek**
(Date received local registrar) (Registrar's signature)

St. Louis, Mo.

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

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.....

Warren A. Carver

Licensed Embalmer No. *3534*

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.