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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 23528

Registrar's No. 5880

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: 3943a Greer Ave.
(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:

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(a) State Mo. (b) County

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

(d) Street No. 3943a Greer Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Katherine Horn

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife Andrew Horn

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Oct. 4th., 1889
(Month) (Day) (Year)

8. AGE: Years 51 | Months 9 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace st. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Charles Parker
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Ellen Skiffington
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mr. Andrew Horn
(b) Address 3943a Greer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) JUL 18 1941 (Date received for record) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th., year 1941 hour 9 minute 15 p.m.

21. I hereby certify that I attended the deceased from July 3-1939 July 3-1939, 19 to July 16, 1941 that I last saw her alive on July 10, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic carcinoma of lung	4 mo
Due to: Carcinoma (malignant) of left breast	2 1/2 yrs
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma of Breast mit glandular metastases

Of autopsy —

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? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature [signature] (M. D. or other)

Address 1117 N Grand Date signed

(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.....

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

working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.