

REG. DISTRICT NO. **294**

Primary Registration District No. **115**

Registrar's No. **1713**

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Christian Old Peoples Home, 6600 Washington  
(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 Missouri (b) County St Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6600 Washington  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14  
year 1941 hour 11 minute 42 AM.  
21. I hereby certify that I attended the deceased from Aug 6 to Aug 13  
that I last saw per alive on Aug 13 and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy  
Cerebral hemorrhage Duration 3 yrs.

Due to: Arterio Sclerosis  
Due to: myocarditis chr.

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 93%  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_

In \_\_\_\_\_ while at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature L. J. Hayden (M. D. or other) M.D.  
Address 5899 Delmar Date signed 8/15/41

3. (a) PRINT FULL NAME Augusta Horn

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 Widowed

6. (b) Name of husband or wife George Horn 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: August 27 1871  
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 18  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Ret

11. Industry or business \_\_\_\_\_

12. Name Henry Milberg

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

14. Maiden name Anna Unknown

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

16. (a) Informant Mrs. Leland Miller

(b) Address 1083 Francis St. Richmond, Mo.

17. (a) Burial (b) Date thereof August 16 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Beiderwieden Fun'l. Home

(b) Address 1936 St Louis Ave

19. (a) AUG 15 1941 (b) E. J. McGowan  
(Date received local registrar) (Registrar's signature)

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.....

*Dale Harness*

Registered Apprentice No. *293*

working under my personal supervision.

Signed.....

*Delia J. Krispin*

Licensed Embalmer No. *3497*

P. O. Address. *1936 St. Louis*

**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.**