

18 1941

STANDARD CERTIFICATE OF DEATH

State File No. **30371**  
**7710**  
Registrar's No. \_\_\_\_\_

Registration District No. **791**

Primary Registration District No. **1009**

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:  
**Homer G. Phillips Hosp.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 Hr. & 14 Min**  
(Specify whether  
In this community **0**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4220a Page Blvd.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8th** day **17th**  
year **1941** hour **8** minute **20 A.M.**  
21. I hereby certify that I attended the deceased from **August**  
**16th** 19 **41** to **August 17** 19 **41**  
that I last saw her alive on **August 17** 19 **41**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Atelectasis**

Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **AS ABOVE**  
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) \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Signature **Lewis J. Goddard** (M. D. or other)  
Address **2601 N. Whittier** Date signed **9/23/41**

3. (a) PRINT FULL NAME **Hornsby**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **W**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **8** (Month) **16** (Day) **41** (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day **1 hr. 14 min.**

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

10. Usual occupation \_\_\_\_\_

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

MOTHER { 12. Name **Wesley Hornsby**  
13. Birthplace **Terry** **Louisiana** (City, town, or county) (State or foreign country)  
14. Maiden name **Della Mae Rogers**  
15. Birthplace **Gloster** **Miss.** (City, town, or county) (State or foreign country)

16. (a) Informant **Arthur May Sherard**  
(b) Address **2601 N. Whittier St.**

17. (a) **burial** (b) Date thereof **9-25-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Patterson Hall**

18. (a) Signature of funeral director **John Hamilton**  
(b) Address **City Health Dept**  
19. (a) **24 1941** (b) **J. T. Buech**  
(Date received local registrar) (Registrar's signature)

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

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**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.....

Licensed Embalmer No.....

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.**