

FILED OCT 18 1941

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(c) Name of hospital or institution: Lutheran 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 17
(c) City or town St. Louis Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 2905 N. Jay Cor
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME HARRY HORN
3. (b) If veteran, name war yes 3. (c) Social Security No. 498-05-1259

20. DATE OF DEATH: Month Sept day 26 year 1941 hour 4 minute 30 M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorothy Horn 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Aug 7, 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 49 Months 1 Days 19 If less than one day hr. _____ min. _____
9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

that I last saw h _____ alive on _____, 19____;
Internal Hemorrhage. Extensive Burns second and third Degree of Chest Abdomen, Back and both legs. Wife who slipped and fell into a shaft elevator pit at Anheuser Busch Brewery Co at 9th and Restalozzi St. About 10:45 AM Sept 26, 1941.
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Henry Horn
13. Birthplace Mo
14. Maiden name Frances M. Shaw
15. Birthplace Mo
(City, town, or county) (State or foreign country)
16. (a) Informant Dorothy Horn
(b) Address 2905 N. Jay Cor
17. (a) Burial (b) Date thereof 9-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director William
(b) Address 2849 N. Euclid
19. (a) SEP 27 1941 (b) J. J. Buddick
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 181
Of autopsy 11
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) Accident
(b) Date of occurrence Sept 26 - 1941
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial
(Specify type of place) While at work? _____ (e) Means of injury _____
23. Signature Thomas J. Callahan (M.D. or other) Address Deputy Coroner Date signed 9/27/41

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

22

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..... *Albert Mayfield*
Licensed Embalmer No..... *3077*
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.