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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43057
Registrar's No. 36

Registration District No. 784 Primary Registration District No. 114

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Schrewsberry
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7321 Weil 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:

(a) State Mo. (b) County St. Louis
(c) City or town Schrewsberry
(If outside city or town limits, write "RURAL")
(d) Street No. 7321 Weil Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Josephine C. Horst

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 Frank F. Horst 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased May 12 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 7 22 hr. min.

9. Birthplace Ark. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name William J. Suess

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

14. Maiden name Caroline Beisiegel

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

16. (a) Informant Frank Horst

(b) Address 7321 Weil Ave.

17. (a) Burial (b) Date thereof 1-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

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

(b) Address 1905 Union Blvd

19. (a) JAN 6 - 1942 (b) W. M. Surratt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4
year 1942 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug. 6
1941 to Jan 4 1942
that I last saw her alive on December 31 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast with generalized metastasis
Duration year

Due to.....
Due to..... 50

Other conditions (include pregnancy within 3 months of death)

Major findings: 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?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Elsworth A. Westrup (M. D. or other) MD
Address 204 E. Ogden Date signed 1-6-42

204 B, Reg. No. 859 + 152

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 R. Thompson*

Licensed Embalmer No. 4237

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.