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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 399

Registrar's No. 419

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4506 Miami Street. 1
(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: 000 14 9

(a) State Missouri. (b) County

(c) City or town Saint Louis, 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4506 Miami Street. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elizabeth Hornbeck.

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married. 1

6. (b) Name of husband or wife Edward Hornbeck

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased February (Month) 5th, (Day) 1893. (Year)

8. AGE: Years 48 | Months 11 | Days 7 | If less than one day hr. min.

9. Birthplace Saint Louis, (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation House-Wife.

11. Industry or business

FATHER
12. Name Julius Hoehl
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mary Risch
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Edward Hornbeck.
(b) Address 4506 Miami Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof January 15, 42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park/

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 6409 Gravois Ave Street.

19. (a) JAN 14 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12th, year 1942. hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from Nov. 12th, 1941, to Jan 12th, 1941; that I last saw her alive on Jan 12th 1941, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Decompensation	3 mos
Ch. nephrosis	1 year
Due to Diabetes Melitus	4 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

61

10

51

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 P. M. Grueb 0 (M. D. or other) M.D.

Address 3402 California Date signed 1/13/42

(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 Juddil A. Ziegenhein

Licensed Embalmer No. 2270

P. O. Address 6409 Gravoin

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.