No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

Registration District No. 2001

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4477
1711

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST LOUIS. CITY 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 69 yrs
years, months or days)

2. USUAL RESIDENCE OF DEACESED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3906 N. 23RD ST 5
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME AMELIA HORSTBRINK

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband ~~or wife~~ ALBERT HORSTBRINK

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

7. Birth date of deceased OCT. (Month) 26 (Day) 1869 (Year)

8. AGE: Years 72 Months 3 Days 28 If less than one day ..... hr. ..... min.

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

10. Usual occupation HOUSE WORK

11. Industry or business SELF

FATHER
12. Name GEO. LILLENTHALL
13. Birthplace UNKOWN (City, town, or county) ? (State or foreign country)

MOTHER
14. Maiden name UNKOWN
15. Birthplace UNKOWN (City, town, or county) ? (State or foreign country)

16. (a) Informant MRS. BERS
(b) Address 6166 LEXINGTON AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 27-42 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ ST. PETERS CEM.

18. (a) Signature of funeral director Sudmeyer & Sons
(b) Address 3934 North 20 Street

19. (a) FEB 25 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION 1942

20. DATE OF DEATH: Month FEB 24 day TUESDAY
year 1942 hour 8 minute 10 AM

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia — Duration

Due to

Due to Pending Path

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ?

Of autopsy NO

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 Thomas F. Callaman M. D. or other
Address Deputy Coroner Date signed 2/25/42

(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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

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.