S. No. 2
T—9-4-41
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PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8727

Registrar's No. 2501

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3322 Salena St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 24

(c) City or town St Louis Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 3322 Salena St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Catherine Hormberg

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 Widow

6. (b) Name of husband or wife Fred Hormberg

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

7. Birth date of deceased November 12 1866 (Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Kirkwood Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation House work

11. Industry or business At Home

MOTHER FATHER

12. Name Jacob Krumm

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

14. Maiden name Catherine Bast

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

16. (a) Informant Frances Hold married

(b) Address 3322 Salena St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 21 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Old S S Peter & Paul Cemt

18. (a) Signature of funeral director Wm J Robert

(b) Address 1905 S Grand Blvd

19. (a) MAR 20 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1942 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 3, 1942, to March 18, 1942 that I last saw h. alive on March 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial insufficiency	2
Mitral Stenosis	3
Due to Senility	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Victor F. Bo[illegible] (M. D. or other)

Address 3 P.O.S. So Bivd Date signed 3/19/42

(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 Howard P. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis M

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.