

FILED APR 13 1942

791

Primary Registration District No.

1003

Registration District No.

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 Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 28 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County mo
(c) City or town St Louis mo/511
(If outside city or town limits, write "RURAL")
(d) Street No. 3522 Kingsland Court
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Theodore Hornberger

3. (b) If veteran. No name war No
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced A
6. (b) Name of husband or wife. None
6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. March 22 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 3
If less than one day hr. min.

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

10. Usual occupation Stone Mason

11. Industry or business

MOTHER FATHER
12. Name John Hornberger
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Everett
15. Birthplace Penna
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Hornberger
(b) Address Red Bud Ill

17. (a) Removal (b) Date thereof 3-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Red Bud Ill

18. (a) Signature of funeral director Koch Funeral Home

(b) Address Red Bud Ill

19. (a) MAR 24 1942 (b) J. F. Medisch
(Date of issue and registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1942 hour 5:30 minute AM
21. I hereby certify that I attended the deceased from March 10th
1941 to March 19th 1942
that I last saw him alive on March 19th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Liver 1 year
Due to Carcinoma Gall Bladder 1 year
Due to Gall Bladder
Other conditions Chronic Int
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: —
Of operations: —
Of autopsy: 46 f
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 Albert Beisbarth (M. D. or other) MD
Address 3548 809 Grand Date signed 3-20-42

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

2629

2629

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.

Signature Howard H. Rowland

Licensed Embalmer No. 3114

P. O. Address St. Louis, Mo.

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.