

No. 2
4-13-40
5-17-39
I X23159

FILED AUG 14 1942
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22840

Registration District No. 791 Primary Registration District No. 1003 State File No. _____
Registrar's No. 6621

1. PLACE OF DEATH:
(a) County _____
(b) City or town Saint Louis, Missouri.
(c) Name of hospital or institution 3739-A Ohio Ave.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County 000
(c) City or town Saint Louis, 17
(d) Street No. 3739-A Ohio Ave.
(e) If foreign born, how long in U. S. A. ? 0 years.

3. (a) PRINT FULL NAME Frederick C. Horstmann
(b) If veteran, name war _____
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 3rd.
year 1942. hour 9 minute 0 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Anna Horstmann
(c) Age of husband or wife if alive 80 years

21. I hereby certify that I attended the deceased from March 14, 1942, to Aug 3, 1942, that I last saw him alive on Aug 3, 1942 and that death occurred on the date and hour stated above.

7. Birth date of deceased: August 8th, 1858.
(Month) (Day) (Year)
8. AGE: Years 83 Months 11 Days 25
If less than one day hr. _____ min. _____

Immediate cause of death: Acute Coriatic Deletation
Due to Chronic Myocarditis
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

9. Birthplace: Unknown Missouri.
(City, town, or county) (State or foreign country)
10. Usual occupation Carpenter

Major findings: _____
Of operations: _____
Of autopsy: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name ? Horstmann
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Horstmann
(b) Address 3739-A Ohio Ave.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Burial (b) Date thereof August 6th, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Ziegenheim Bros
(b) Address 6409 Gravois Ave.
19. (a) AUG 5 1942 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature H. H. Schmiemeier (M. D. or other) _____
Address 6819 Gravois Date signed 8/7/42

Y. H. H. (Licensed Embalmer's Statement on Reverse Side) Schmiemeier

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

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

W. Morris

Licensed Embalmer No. *3360*

P.O. Address *2623 Cherokee*

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.