

FILED NOV 6 1942 318  
Registration District No.

Primary Registration District No.

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

**1. PLACE OF DEATH:**  
 (a) County.....  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 Days  
(Specify whether years, months or days)  
 In this community 6 Days  
(years, months or days)

**3. (a) PRINT FULL NAME** Ruth Dorothy Hornbostel  
 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 Single  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased November 4th, 1922  
(Month) (Day) (Year)  
 8. AGE: Years Months Days If less than one day  
19 11 23 hr. min.

9. Birthplace Canton Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business Parochial School

12. Name Rev. Otto H. W. Hornbostel

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

14. Maiden name Hulda Luenhmann

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hulda Hornbostel

(b) Address Arkansas City, Kansas

17. (a) Burial (b) Date thereof Oct. 30, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) OCT 29 1942 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Kansas (b) County 999  
 (c) City or town Arkansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1217 North 2nd  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country L

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 27  
 year 1942 hour 12 minute Noon M.

21. I hereby certify that I attended the deceased from Oct 21, 1942 to Oct 27, 1942  
 that I last saw her alive on Oct 27, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Encephalomyelitis, Dissemiated  
Infection  
unknown  
 Due to.....  
 Due to.....

Other conditions Pneumonia  
(Include pregnancy within 3 months of death)

Major findings: 100%  
 Of operations.....

Of autopsy Congestion & edema of brain - softening of spinal cord

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) None

(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 Andrew B. Jones (M. D. or other)

Address 3720 Washington Date signed 10/29/42

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**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..... *Thos. A. Beiderwies* .....

Licensed Embalmer No. *506* .....

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.**