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

34807

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 2057

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Marys Hospt. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37

(c) City or town Stony Hill, 0
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edmund Oscar Horstmann

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Freida Horstmann

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased June (Month) 17th (Day) 1899 (Year)

8. AGE: Years 43 Months 3 Days 16 If less than one day hr. min.

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

10. Usual occupation Truck Farmer

11. Industry or business

FATHER
12. Name Edward Horstmann
13. Birthplace Berger, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Margerite Marsh
15. Birthplace Berger, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Freida Horstmann
(b) Address Stony Hill, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation Stony Hill, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) OCT - 5 1942 (Date received local registrar) (b) E. G. McGarvan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3
year 1942 hour 9 minute 40 P M.

21. I hereby certify that I attended the deceased from September 29, 1942, to October 3, 1942, that I last saw him alive on October 3, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Brain Tumor (Unqualified)	4 days +
Due to: Cerebral Edema	4 days +
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Ventriculogram 10/3/42 revealed tumor Right frontal lobe
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 Walter L. Moore (M. D. or other) M.D.
Address 5400 Arsenal St. Date signed 10-5-42

(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.....

Licensed Embalmer No.....2971.....

P. O. Address.....

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.