5505
V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35495

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9603

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis 916
(If outside city or town limits, write "RURAL")

(d) Street No. 3215 Utah Street
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Gerald Samuel Horner

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. 26, 1912
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
30	1	21	hr. min.

9. Birthplace Sheldahl, Iowa 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unemployed

FATHER
12. Name Samuel Horner
13. Birthplace Iowa 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caretta Harpel
15. Birthplace Iowa 1
(City, town, or county) (State or foreign country)

16. (a) Informant Velmer Horner
(b) Address 3215 Utah

17. (a) Removal (b) Date thereof 11/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sheldahl, Iowa

18. (a) Signature of funeral director W. N. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) NOV 18 1942 (b) J F Biedick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17,
year 1942 hour 11:35 minute P. M.

21. I hereby certify that I attended the deceased from November 16, 1942 to November 17, 1942;
that I last saw him alive on November 17, 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cachexia	
Decubitus	
Due to Post Encephalitis Parkinson	
Post — Pre mortor Cortex Excision	
Due to Post - influenza	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Refused	

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 Leo J. Wade (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 11/18/42

(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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.