

JAN 21 1943

318

Primary Registration District No. 1003

State File No.

Registrar's No.

433

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:
4237 Cleveland Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME Catherina Horning

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Stephan Horning 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased October 27, 1858
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	2	16hr.min.

9. Birthplace Hungary 4
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Geo Bussik

13. Birthplace Hungary 4
 (City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Hungary 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Chenot

(b) Address 4237 Cleveland Ave.

17. (a) Burial (b) Date thereof Jan. 16/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) JAN 15 1943 (b) J. F. Bredect
 (Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4237 Cleveland Av.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
 year 1943 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 11, 1943, to Jan 13, 1943
 that I last saw her alive on Jan 12, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes several years

Due to Chronic Myocarditis 6 months

Due to Chronic Intercerebral nephritis 6 months

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

Major findings:

Of operations.....

Of autopsy.....

Duration

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?

While at work?..... (Specify type of place)
 (c) Means of injury.....

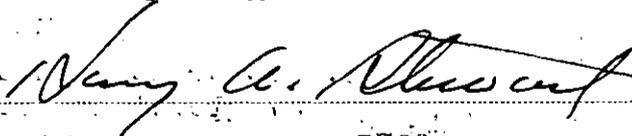
23. Signature Walter G. Bond (M. D. or other)
 Address 1811 812th Date signed 1/15/43

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. 3722.....

P. O. Address. 412 Duchouquette St.....

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.