

FILED FEB 23 1943

Registration District No.

Primary Registration District No. 1003

Registrar's No. 1363

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **12 days**
(Specify whether
 In this community..... **Unknown**
years, months or days)

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. **3653 Michigan Avenue**
(If rural, give location)
 (e) Citizen of foreign country? .. **--** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Jennie Horn**

3. (b) If veteran, name war..... **--**

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **10**
 year **1943** hour **4** minute **00** A.M.

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 **June 8, 1883**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan. 18th, 1943** to **Feb. 10th, 1943**, that I last saw her alive on **Feb. 9th, 1943** and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

59	8	2	hr. min.
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Immediate cause of death..... **Cardiac Thrombosis** **1 hr.**

Due to.....

Due to.....

9. Birthplace **Jackson, Missouri**
(City, town, or county) (State or foreign country)

Other conditions..... **Arteriosclerosis** **1 yr.**
(Include pregnancy within 3 months of death)

10. Usual occupation..... **Home**

11. Industry or business..... **--**

Major findings:
 Of operations.....

Of autopsy.....

PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name..... **Charles Horn**

13. Birthplace..... **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Emma Volkert**

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

16. (a) Informant..... **Augusta Horn**

(b) Address..... **3653 Michigan Avenue**

17. (a) **Burial** (b) Date thereof **2 13 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Sunset Burial Park**

18. (a) Signature of funeral director..... **Theber-Helders-Und. Co.**

(b) Address..... **3634 Gravois Avenue**

19. (a) **FEB 11 1943** **J. F. Budeck**
(Date received local registration) (Registrar's signature)

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?.....

23. Signature..... **J. F. Budeck M.D.**
(Specify type of plate) (e) Means of injury.....

Address..... **3608 S. Grand Blvd.** Date signed..... **2/10/43**

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

Frank J. Myland

Licensed Embalmer No.

9645

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.