

APR 28 1943 318  
Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 3641

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:  
Firmin Desloge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 1 day  
(Specify whether  
In this community... 9 mo  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... 000  
(c) City or town... St. Louis, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No... 2158 Forest  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country... 0

3. (a) PRINT FULL NAME Paula Horstman

3. (b) If veteran, name war No 3. (c) Social Security No 342-03-4577

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

6. (b) Name of husband or wife Walter W Horstman 6. (c) Age of husband or wife if alive... years

7. Birth date of deceased... July 20, 1901  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
41 8 26 hr. min.

9. Birthplace... Effingham Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name John E Rhodes

13. Birthplace... Effingham Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Edna Berry

15. Birthplace... Olney Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter W Horstman

(b) Address 2158 Forest Ave. St. Louis, Mo

17. (a) Burial (b) Date thereof Apr. 19, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Effingham, Illinois

18. (a) Signature of funeral director McLaughlin

(b) Address 2301 Lafayette Ave. St. Louis, Mo

19. (a) APR 19 1943 (b) J. F. Broderick  
(Date received local registration) (Registrar's signature)

20. DATE OF DEATH: Month April day 16  
year 1943 hour 6 P.M. minute M.

21. I hereby certify that I attended the deceased from 4-15-43, 19, to 4-16-43, 19;  
that I last saw her alive on 4-16-43, 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death Infarct Rt lung

Due to Mural Thrombus - Auricular

Due to Auricular Fibrillation and rheumatic Mt Disease

Other conditions Hepaticomegaly -  
(Include pregnancy within 3 months of death)

Major findings: Of operations Infarct - Rt base of lung

Of autopsy Thrombus organized - wall of left auricle - Rheumatic Mitral Stenosis

22. If death was due to external causes, fill in the following: Enlarged liver

(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) (e) Means of injury.....

23. Signature G. O. Brown (M. D. or other) M. D.

Address 1325 S. Grand Date signed 4/17/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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.....

*L. R. Cooper*

Licensed Embalmer No. 3633

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.**