

Registration District No. **318**

Primary Registration District No. **1005**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(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: City Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8yr, 2mo 4dys.
(Specify whether in this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis (If outside city or town limits, write "RURAL")
913

(d) Street No. 5800 Arsenal Street
(If rural, give location)

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

3. (a) PRINT FULL NAME HORAN, Emma

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased August 20 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace New York (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Nil

12. Name JACKSON, Andrew

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant D. E. Basso

(b) Address 5800 Arsenal St., St. L., Mo.

17. (a) Burial (b) Date thereof 7/21/43 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Margaret Ann

18. (a) Signature of funeral director John B. ...

(b) Address Jul 21 1943

19. (a) Jul 21 1943 (Date received local registrar)

(b) J. F. ... (Registrar's signature)

(c) _____ (Date received local registrar)

(d) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1943 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from 2/20 1943 to July 20 1943 that I last saw her alive on July 20 and that death occurred on the date and hour stated above.

Immediate cause of death Decompensated endo- and myocarditis

Due to Influenza, pneumonia, pleurisy, and pharyngitis in the blood

Due to cirrhosis of liver

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy Endo- and myocarditis, Cirrhosis of the liver

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)

23. Signature Wm. ... (M.D. or other)

Address City Infirmary Date signed 7/20/43

Duration 1 year

several years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

G. P. Kidwell

Licensed Embalmer No.....

3877

P. O. Address.....

7027 Graves

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.