V. S. No. 2
50M—5-42
Rev. 5-17-39
Rev. I X32

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23099

FILED JUL 17 1943

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 6305

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3516 Texas Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000 17 924

(a) State: Missouri. (b) County

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

(d) Street No.: 3516 Texas Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Mary Margaret ~~Mary~~ Horn,

3. (b) If veteran, name war

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White /

6. (a) Single, widowed, married, divorced: Widowed. 2

6. (b) Name of husband or wife: Jacob Horn,

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

7. Birth date of deceased: May (Month) 20th, (Day) 1865. (Year)

8. AGE: Years 78 | Months 1 | Days 20 | If less than one day hr. min.

9. Birthplace: Unknown (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation: At Home

11. Industry or business

MOTHER FATHER

12. Name: Christian Bussman

13. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant: Herman Horn

(b) Address: 3516 Texas Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 13, 1943. (Month) (Day) (Year)

(c) Place: burial or cremation: Concordia Cemetery

18. (a) Signature of funeral director: Ziegenhein Bros.

(b) Address: 6409 Gravois Ave.

19. (a) JUL 12 1943 (Date received local registrar) J. T. Bodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th, year 1943. hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 6th, 1943 to July 10th, 1943 that I last saw her alive on 9/9/1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, Chronic

Due to:

Due to: 9 3

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? (Specify type of place)

While at work (e) Means of injury

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

Address: 6639 Da— Date signed 7/12/43

(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 Juddie A. Zugenheim

Licensed Embalmer No. 2270

P. O. Address 6609 Gravois

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.