

S. No. 2
M-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26749

State File No. _____

ED AUG 23 1943

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7390

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:
3444 Halliday 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 _____ (Specify whether)
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. 3444 Halliday Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frances R Horman

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Edward Horman 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased November 17 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 8 7 _____ hr. _____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Alexander Knopp
13. Birthplace Missouri (City, town, or county) (State or foreign country) 0
14. Maiden name Rosa Bruder
15. Birthplace Iowa (City, town, or county) (State or foreign country) 1

16. (a) Informant Edward Horman
(b) Address 3444 Halliday Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave
19. (a) AUG 16 1943 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 14 year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from June 10 1940 to Aug. 14 1943 -
that I last saw her alive on Aug. 14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Essential Hypertension 10 yrs
Thrombosis 15 min.
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
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) (e) Means of injury _____
23. Signature J. F. Brudeck (M. D. or other) MD
Address 3606 T. Davis St. Date signed 8/15/43

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.....

V E Morris

Licensed Embalmer No.....

3360

P. O. Address.....

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.