

V. S. No. 2
00M-2-43
te 5-17-39
1 X3597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29311**

FILED **AUG 21 1943**

Registration District No. **317**

Primary Registration District No. **3069**

Registrar's No. **1881**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Mary's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **11 days**
(Specify whether years, months or days)

In this community **60 yrs.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**

(c) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL")

(d) Street No. **1551 Bellevue Ave.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Mary Ellen Horn**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Albert J. Horn** 6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **May 27th., 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	2	18	hr. min.

9. Birthplace **Ireland 4**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business

12. Name **Richard O'Haren**

13. Birthplace **Ireland 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary O'Gorman**

15. Birthplace **Ireland 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Albert J. Horn**

(b) Address **1551 Bellevue Ave.**

17. (a) **Burial** (b) Date thereof **8-19-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla**

18. (a) Signature of funeral director **Arthur J. Donnelly**
(b) Address **3840 Lindell Blvd**

19. (a) **AUG 17 1943** (b) **C. J. McLaughlin**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **15th.**, year **1943** hour **4** minute **14 a.m.**

21. I hereby certify that I attended the deceased from **2-10-40** to **8-15-43** and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**

Due to **C-V-R. Disease**

Due to **arteriosclerosis**

Other conditions **1310**

Major findings: Of operations **1310** Of autopsy

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 **B. B. Guymond** (M. D. or nurse) Address **1116 McClelland** Date signed **8-16-43**

Duration **10 days**
2 yrs.
2
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

36
38

NOV 16 1945

B. Gummels H1. 1717
1116 McCausland Ave. Re. 7140

4-6

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.