

Registration District No. 317

Primary Registration District No. 3069

2024

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Riverview Heights
(c) Name of hospital or institution: St. Mary's Hospital
(d) Length of stay: In hospital or institution 12 days
In this community 69 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(d) Street No. 1850 So. 11th St. 9
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mr. Julius C. Horst

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

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

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

7. Birth date of deceased November 14, 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation Pressman
11. Industry or business Printing

12. Name Jost Horst
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ried
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Carrie Horst
(b) Address 1850 So. 11th St.

17. (a) Burial (b) Date thereof Sept. 8, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc
(b) Address 1936 St. Louis Avenue

19. (a) SEP 8 - 1943 (b) E. G. Inc
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6th
year 1943 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from Nov. 1933, to Sept. 5, 1943
that I last saw him alive on Sept. 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Terminal) Duration 3 days

Due to cause of protists
Due to _____

Other conditions metastases
(Include pregnancy within 3 months of death)
Reynolds bony.

Major findings: no op. seen.
Of operations _____
Of autopsy as above 518

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 E. G. Inc (M. D. or other)
Address 1936 St. Louis Avenue Date signed 9/7/43

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

76
6088

Dr. Geo. Koening
Paul Brown
815
10-1

Mc. 354?

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.....
Geo. Koening

Licensed Embalmer No. 3737

P. O. Address..... 1936 St. Louis

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.