

Registration District No. _____

Primary Registration District No. _____

1003

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

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:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Weeks
(Specify whether life years, months or days)

3. (a) PRINT FULL NAME Walter Jack Horner

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-18-3149

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

6. (b) Name of husband or wife Eleanor Horner 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased March 17 1907
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	36	7	1	hr. _____ min.

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

10. Usual occupation Steam fitter

11. Industry or business _____

MOTHER FATHER {
 12. Name John Horner
 13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Ryak
 15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Eleanor Horner

(b) Address 5204 Quincy St.

17. (a) Burial Old S.S. Peter & Paul (b) Date thereof 10/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director John S. Ziegenhain & Son

(b) Address 7027 Gravois Ave

19. (a) OCT 20 1943 (Date received local registrar) J. J. Brudack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5204 Quincy St.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th year 1943 hour 7:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from 6-21-43 19____ to 10-18 19____ that I last saw him alive on 10-17- 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
fractured
Due to Ca of recto-sigmoid

Other conditions none
(Include pregnancy within 3 months of death)
Major findings: Ca of recto-sigmoid
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?

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature W. J. Neum (M.D. or other) _____
 Address 3115 A Grand Date signed 10/19/43

NOV 17 1943

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..... *C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Travis*

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.