

S. No. 2
M-5-43
5-17-39
X36571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36488**
Registrar's No. **10206**

FILED DEC. 3 1943
Registration District No. **318**

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 Emmett City Hosp #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 3 years, months or days)

3. (a) PRINT FULL NAME John O. Horning

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

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

6. (b) Name of husband or wife May Horning 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Aug. 22. 1897
(Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation Casket Worker

11. Industry or business.....

12. Name William Horning

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

14. Maiden name Helen Meyer

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

16. (a) Informant Mathias W. Horning

(b) Address 7723 Brookline Ter.

17. (a) Burial (b) Date thereof 11/23/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) NOV 22 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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. 5015a Vernon Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1943 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from 19 to 19;

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Occlusion

Due to.....

Due to.....

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

Major findings:
Of operations.....

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 3

23. Signature [Signature] Date signed 11/23/43

Address 1340 6th

(Licensed Embalmer's Statement on Reverse Side)

MOTHER FATHER

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 *Frank A. Moore*
.....
Licensed Embalmer No. *3041*
.....
P. O. Address *2117 E. Grand*
.....

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.