

No. 2
-5-43
-17-39
X3657

FILED FEB 27 1944

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Registration District No. 318 Primary Registration District No. Registrar's No. 289

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3171 1/2 Iowa Av.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
13

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3171 1/2 Iowa Av.
(If rural, give location)

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

3. (a) PRINT FULL NAME Katherine Horn

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Mitchell Horn

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

7. Birth date of deceased Sept. 26 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

85 3 13. hr. min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Unknown Hilt

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

14. Maiden name Unknown Lutz

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

16. (a) Informant Margaret Horn

(b) Address 3171 1/2 Iowa Av.

17. (a) Burial (b) Date thereof 1-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marcus Cem.

18. (a) Signature of funeral director With Bros. & Co.

(b) Address 2929 S. Jefferson Av.

19. (a) JAN 11 1944 (b) J. J. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9
year 1944 hour 8 minute 50p. M.

21. I hereby certify that I attended the deceased from Jan. 1, 44
to Jan. 9, 1944 to _____, 19____;
that I last saw him alive on Jan. 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Pericarditis

Due to _____

Other conditions 078
(Include pregnancy within 3 months of death)

Duration

4-23-44

PHYSICIAN

Major findings: none

Of operations _____

Of autopsy none

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 M.P.N. Koch (M. D. or other) _____

Address 3160 P. Shaird Date signed 1/10/44

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.....

Seal Morris

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Edgar F. Witt

Licensed Embalmer No. *2117*

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.