No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2644

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. John's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution two days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis, Mo. 7 7
(If outside city or town limits, write "RURAL")

(d) Street No. 4301 Shreve Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ~~Walter Larry~~ JOSEPH Horn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race 0 white

6. (a) Single, widowed, married, divorced 0 single

6. (b) Name of husband or wife

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

7. Birth date of deceased March 17, 1944
(Month) (Day) (Year)

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

9. Birthplace St. Louis (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation —

11. Industry or business —

12. Name Walter L. Horn

13. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Dolen

15. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Walter L. Horn

(b) Address 4301 Shreve Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 21, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Clavary Cemetery

18. (a) Signature of funeral director Bromschwig Und. Co.

(b) Address 4746 West Florissant Ave

19. (a) MAR 20 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1944 hour 8 minute 00 A M.

21. I hereby certify that I attended the deceased from March 17, 1944, to March 19, 1944;
that I last saw him alive on March 19, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral injury	2 days.
Due to Birth injury Prematurity (7 months).	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature John Fortis (M. D. or other)

Address 4703 Earth Ave St Louis Date signed 3-20-44

(Licensed Embalmer's Statement on Reverse Side)

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 No Embalming, Registered Apprentice No.....

working under my personal supervision.

Signed Jos. H. Brinschwig

Licensed Embalmer No.....

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.

3C

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
City of St. Louis }

State File No.
Local Registrar's No. 2644

AFFIDAVIT FOR CORRECTION OF A RECORD

On this I4 day of September, 194..., before me appears Walter L. Horn, who, upon his oath, states that the original record of ~~birth~~ death for Joseph Horn died ~~born~~ 3-I9-I944, 19..., in the State of Missouri, and which was filed at ..... on ....., 19..., should be corrected as follows:

Item No. 3 should read Joseph Horn
Instead of Walter Larry Horn
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
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Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

Corrected 9-14-44

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Walter L. Horn Father
Relationship.

430I Shreve
Present Address.

Subscribed and sworn to before me this 14 day of Sept, 1944.

My Commission expires ..... Ella C. Paddock Notary Public.

Form V. S. 135
10M-5-43
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