

FILED APR 20 1944

Registration District No. 348

Primary Registration District No. 1003

Registrar's No. 3455

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:
1445 Hamilton Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Months
(Specify whether
In this community 55 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Jennings
(If outside city or town limits, write "RURAL") NR
(d) Street No. 2016 Switzer Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Pauline Hornung

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife August Horning 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased June 28, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 9 16 hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Karl Mink
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Susanna Kunz
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant August Hornung
(b) Address 1445 Hamilton Ave.

17. (a) Burial (b) Date thereof 4/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director _____
(b) Address 2117 E. Grand Blvd.

19. (a) APR 14 1944 (b) J. T. Prodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1944 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 1942 to Apr 14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chc. Nephritis years
Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131

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) _____
(a) Means of injury _____

23. Signature J. T. Prodeur (M. D. or other) MD.
Address 6704 W. Florissant Date signed Apr 14/44

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.....

....., 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.