

FILED JUL 21 1944

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH: **318**

(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: Peoples Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hrs
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: **1003**

(a) State Missouri (b) County 17

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

(d) Street No. 4235 W. N. Market St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Annie E. Horne

(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 9
year 1944 hour 6 a.m. minute _____ A. M.

21. I hereby certify that I attended the deceased from 7-7-44, 1944, to 7-9, 1944, that I last saw her alive on 7-9, 1944, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Albert Horne 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June (Month) 2 (Day) 1882 (Year)

Immediate cause of death: Coronary Thrombosis 2 hrs Duration

Due to Secondary & acute Intestinal Obstruction due to thrombosis

Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years 62 Months 1 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation: Bath Attendant

Major findings: Of operations none / 177

Of autopsy none

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Beverly Thomas

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

14. Maiden name Lucy Williams

15. Birthplace Mayfield, K Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Julia E. Matthews

(b) Address 4235 W. N. Market

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 17 44
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Russell Undt. Co.

(b) Address 2732 Pine Street

19. (a) JUL 13 1944 (Date received local registrar) J. F. Pruden (Registrar's signature)

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 E. H. Smiley (M. D. or other) 0

Address 1001 N. Jefferson Date signed 7-11-44

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

Jaal Russell

Licensed Embalmer No. *4112*

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.