

FILED AUG 14 1944 18

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Saint Louis Missouri.
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hospital
(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 Missouri. (b) County 17
(c) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL")
914
(d) Street No. 5211 Walsh
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME George B. Horst.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-03-6525.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Horst 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased July 4th, 1901.
(Month) (Day) (Year)

8. AGE: Years 43 Months 1 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation Clerk

11. Industry or business _____

MOTHER FATHER { 12. Name Rudolph E. Horst
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Katie M. Ludwig.
15. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Horst
(b) Address 5211 Walsh St.

17. (a) Burial (b) Date thereof Aug. 9, 1944.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Regenhem Bros.
(b) Address 6409 Gravois Ave.

19. (a) AUG 7 1944 (Date received by registrar) (b) J. F. Breisch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th,
year 1944. hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from Aug 5 to Aug 6, 1944
that I last saw him alive on Aug 6, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary disease
Due to Coronary disease
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 _____
Signature John H. Shaw (M. D. or other) _____
Address St. Louis, Mo Date signed 8/7/44

Duration several months
Physician _____
Underline the cause to which death should be charged statistically.

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.....

Homer W Dritz

Licensed Embalmer No.....

3882

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.