

**FILED SEP 8 1944**  
District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7274**

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:  
**6117 Virginia Avenue**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community **52 Years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **13**

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

(d) Street No. **6117 Virginia Avenue**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mr. Edward H. Horstman, Sr.**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **20**  
year **1944** hour **5** minute **45** M.

21. I hereby certify that I attended the deceased from **Jan 6 1943** to **Aug 20 1944**  
that I last saw him alive on **Aug 20 1944**  
and that death occurred on the date and hour stated above.

4. Sex **Male** Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Anna Becker**

6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **March 29 1879**  
(Month) (Day) (Year)

Immediate cause of death  
**Coronary Sclerosis**  
**Chronic myocarditis**

Due to \_\_\_\_\_

8. AGE: Years **65** Months **4** Days **22**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to **Coronary Embolism**

Other conditions **930**  
(Include pregnancy within 3 months of death)

9. Birthplace **Campbellton, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Switchman Foreman**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business **Railroad**

12. Name **Mr. Christ Horstman**

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

14. Maiden name **Fredericka Nieburg**

15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant **Mrs. Edward Horstman, Sr.**

(b) Address **6117 Virginia Avenue**

17. (a) **Burial** (b) Date thereof **Aug. 23, 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Trinity Cemetery**

18. (a) Signature of funeral director **Beiderwieden F. H. Inc.**

(b) Address **3620 Chippewa Street**

19. (a) **Aug 23 1944** (b) **J. F. Bredick**  
(Date received local registration) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury **0**

23. Signature **Reuben G. Youngman** (M. D. or other) **MA**  
Address **2439 E. Broadway** Date signed **9/21/44**

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

MOTHER FATHER

**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..... *[Handwritten Signature]*

Licensed Embalmer No. *3737*

P. O. Address *1936 St. Louis Ave*

**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.**