

FILED SEP 18 1944 318

1003

7704

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or lot number)
(d) Length of stay: In hospital or institution 6 yrs 10 mos 24 ds
In this community 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3342 Salena St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lawrence Hornberg.

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife ESTELLE 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Sep't 5 1904
(Month) (Day) (Year)

8. AGE: Years 40 Months - Days - If less than one day hr. _____ min. _____

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

10. Usual occupation Mover - (CHAUFFEUR)

11. Industry or business _____

12. Name Frederick Hornberg
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Krum
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma A. Singler
(b) Address 5400 Arsenal St.

17. (a) BURIAL (b) Date thereof 9-7-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter's Church

18. (a) Signature of funeral director Wm J. Roberts and Co
(b) Address 1925 So. Grand

19. (a) SEP 6 1944 (b) J. Medeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. Day 5th
Year 1944 hour 7.10. minute a. M.

21. I hereby certify that I attended the deceased from Jan. 1st, 1944 to Sept 5, 1944
that I last saw him alive on Sept 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia Duration 4 ds.

Due to General Paresis 15yr.x

Other conditions (include pregnancy within 3 months of death) 30

Major findings: Of operations _____ Of autopsy _____
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? _____

While at work? (Specify type of place) (c) Means of injury _____

23. Signature M. H. Moore (M. D. or other) M.D.
Address 5422 Arsenal St Date signed 9/5/44

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 *Howard B. Rowland*.....

Licensed Embalmer No. *3114*.....

P. O. Address *St Louis Mo*.....

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.