

FILED SEP 30 1944
Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 7964

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 Hours**
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **W.D.**
(c) City or town **St. Louis.**
(If outside city or town limits, write "RURAL")
(d) Street No. **2410 Menard St.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **William M. Horn.**
3. (b) If veteran, name war No. 3. (c) Social Security No. **488-05-4109**

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married.**
6. (b) Name of husband or wife **Louisa Horn** 6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **October 4 1881**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 **11** **12** hr. min.

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

10. Usual occupation **Painter.**

11. Industry or business **Mound City Paint Co.**

MOTHER FATHER { 12. Name **Unknown.**
13. Birthplace **Unknown.**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown.**
15. Birthplace **Unknown.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Louisa Horn.**
(b) Address **2410 Menard St.**

17. (a) **Burial.** (b) Date thereof **9-19-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Paul Church Yard.**

18. (a) Signature of funeral director **Witt Bros.**

(b) Address **2929 S. Jefferson Ave.**

19. (a) **SEP 18 1944** (b) *Alfred*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **16**
year **1944** hour **2** minute **15 P.** M.

21. I hereby certify that I attended the deceased from.....
19..... to..... 19.....

that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cerebral poplepsy
83a

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

Duration

PHYSICIAN

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)
(e) Means of injury.....

23. Signature *Alfred* (M. D. or other).....

Address..... Date signed **9/18/44**

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2929 S. Jefferson

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.