

FILED NOV 22 1944
318

State File No. _____

Registrar's No. 9579

Registration District No. _____

Primary Registration District No. _____

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

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:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 73 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County OLL
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3916 Turner
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louise Hornburg

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ernst Hornburg
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased April 5 1971
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 5
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Unknown Cummings
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Ernst Hornburg

(b) Address 3916 Turner

17. (a) Burial (b) Date thereof 11-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem/

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20th St.

19. (a) NOV 12 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10th
year 1944 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from Oct. 16th 1944 to Nov. 10th 1944;
that I last saw her alive on Nov. 10th 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 yrs

Due to Chronic Dermatitis and chronic varicose ulcers, left 6 yrs.

Due to Phlebitis, external saphen 1 Mo.

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 _____

23. Signature Edwin J. Froelich M.D. or other M.D.
Address 3635 No. Newstead Ave Date signed _____

Froelich

Received by Will Rogers
Methuen

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..... *Alfred J. Bradley*
Licensed Embalmer No. *2663*
P. O. Address: *5934 Alpha*

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.