. S. No. 2
M—8-43
v. 5-17-39
I X37623

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 7831
Registrar's No. 2730

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: Barnes Hospital, 6
(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 Illinois (b) County Effingham
(c) City or town Edgewood
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) R.R.
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Andrew Isaac Horath
3. (b) If veteran, name war Nil
3. (c) Social Security No. 322-20-4006
4. Sex Male 6
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bettie Horath
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased March (Month) 17 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
66	0	6	hr. min.

9. Birthplace Effingham County (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Conrad Horath
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name Julia Blump
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Bettie Horath
(b) Address Edgewood, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood, Illinois
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) MAR 27 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1945 hour 2 minute 50 P.M.
21. I hereby certify that I attended the deceased from March 19 4, 1945, to March 23, 1945 that I last saw him alive on March 23, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Tumor of Nasopharynx

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

23. Signature F. R. Bradley (M. D. or other)
Address Barnes Hospital, Date signed 3/24/45

(Licensed Embalmer's Statement on Reverse Side)

2730

2730

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 Albert G. Hoffe

Licensed Embalmer No. 2971

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.