

S. No. 2
DM-5-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 21 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4139

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

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:
Christian Hospital
(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 Missouri (b) County Dent
(c) City or town Salem
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William T. Horn

3. (b) If veteran, name war Nil (c) Social Security No. 491-30-5700

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Horn 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased August 4 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>9</u>	<u>5</u>	hr. min.

9. Birthplace Coplinger Mills Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Miller

11. Industry or business _____

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

16. (a) Informant R. C. Musgraves
(b) Address 2812 N. Newstead Ave.

17. (c) Burial Salem, Missouri (b) Date thereof 5-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAY 9 1945 (b) J. F. Bressler
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1945 hour 4:00 minute A. 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 Edema of Brain
Cerebral Oedema when a ladder
fell upon which he was working
at the Valley Forge Milling Com
ground 2:15 P.M. April 29, 1945
falling in to fall a distance of
12 to 15 feet to the floor.
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 186
Of operations _____
Of autopsy 25

22. If death due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence April 29, 1945
(c) Where did injury occur at work
(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 (b) Means of injury fall from

23. Signature Robert E. Dyer (M. D. or other) Al Abner
Address 1111 N. 1st St. Date signed 5/9/45

Duration _____
Underline the cause to which death should be charged statistically.

JUN 1 1971

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 *John Agnoski*
Licensed Embalmer No..... *3398*

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.