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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 28 1945

State File No. 39293

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. ~~11055~~

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:
Enroute to City Hosp. 3
(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 60

(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")

(d) Street No. 2573 W. Hebert Str.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frank J. Horack

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Sept. 1.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. 1. 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	3	15	hr. min.

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

10. Usual occupation Shipping Clerk

11. Industry or business Ely & Walker D.G. Co.

FATHER
12. Name Joseph Horack
13. Birthplace Cincinnati, Ohio.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Ottomeyer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Horack
(b) Address 2573 W Hebert Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/45
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [signature]
(b) Address 2117 E. Grand Blvd.

19. (a) DEC 18 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
year 1945 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 4, 1941 to Dec 16, 1945
that I last saw him alive on Dec 12, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio-vascular renal	4½ yrs.
Disease	
Chronic Myocarditis	4½ yrs
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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) No
(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 0

23. Signature Bernard K Slotte (M. D. ~~[illegible]~~)
Address 2302 Salisbury St Date signed 12-17-45

(Licensed Embalmer's Statement on Reverse Side)

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 Frank A Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

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.