

FILED JAN 11 1945

Primary Registration District No. 1008

Registrar's No. 11600

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:
2623 Sullivan Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 72 years (Specify whether
In this community 72 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2623 Sullivan Ave.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Elizabeth Horst

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife late Thomas Horst 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased January 7th 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Nack
13. Birthplace St. Louis County
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Reimler
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Nack
(b) Address 2623 Sullivan Ave

17. (a) Burial (b) Date thereof 12-31st-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2723 S. Louis Ave

19. (a) DEC 31 1945 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28th
year 1945 hour 8:40 PM minute _____ M. _____

21. I hereby certify that I attended the deceased from Sept. 27 1944 to Dec. 28 1945
that I last saw her alive on December 28 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Mitotated Carcinoma Duration 3 mos.
Due to Carcinoma of Rectum 16 mos.
Due to _____

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

Major findings: Hf6
Of operations _____
Of autopsy _____
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 John S. Sauer (M. D. or other) M.D.
Address 2202 University St. Date signed 1/4/45

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

John P. Buchholz

Licensed Embalmer No. *1674*

P. O. Address *2223 St. Louis Ave*

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.