S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4032

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 64

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ono
(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 1506 McCausland Ave. 9 (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert J. Horn
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Mary E, Horn
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 21, (Day) 1866 (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	10	15	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Retired Wholesale Leather
11. Industry or business Dealer
FATHER
12. Name Adam Horn 4
13. Birthplace (City, town, or county) Germany 1 (State or foreign country)
MOTHER
14. Maiden name Bertha Horn Nee 1
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant MRs. Bertha L. Harrison
(b) Address 1506 McCausland Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd
19. (a) 1-10-46 (Date received local registrar) (b) S G McGarran M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1946 hour 8 minute 45 P.M.
21. I hereby certify that I attended the deceased from September 19, 1945, to Jan 6th, 1946 that I last saw him alive on January 6th, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	24 hrs
Due to Chronic cardio, vascular renal disease	Chr.
Due to Senility 61	
Other conditions Metastatic Carcinoma (Include pregnancy within 3 months of death) Diabetes	Car.

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Harold J. Ott (M. D. or other) MD
Address 2816 Sutton Ave Maplewood Mo Date signed 1-7-46

(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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.