S. No. 2
0M—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. 7560

Registration District No. FILED FEB 28 1946 Primary Registration District No. 1003 Registrar's No. 1328

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

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: St. Anthony Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 Days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2648 Oregon Ave. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Alice Horrell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frank O. Horrell

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May 25 (Month) 1890 (Day) (Year)

8. AGE: Years 55 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Modoc (City, town, or county) ILLinois (State or foreign country)

10. Usual occupation At. Home

11. Industry or business

FATHER
12. Name Henry Bessen
13. Birthplace Modoc (City, town, or county) ILLinois (State or foreign country)

MOTHER
14. Maiden name Alice Barbeau
15. Birthplace Modoc (City, town, or county) ILLinois (State or foreign country)

16. (a) Informant Frank O. Horrell
(b) Address 2648 Oregon Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/46 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul Cem.

18. (a) Signature of funeral director John H. Gebken Sons
(b) Address 2630 Gravois Ave.

19. (a) FEB 8 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7th year 1946 hour 7.55 minute A M.

21. I hereby certify that I attended the deceased from Jan. 28, 1946 to Feb 6, 1946 that I last saw her alive on Feb 6, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: coming the bone — Duration 1 h

Due to

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Reconstruction of Hip joint — Left

Of autopsy Left. Dislocation — non-traumatic

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 [signature] (M. D. or other) MD

Address 1803 Pershing Date signed 2/7/46

(Licensed Embalmer's Statement on Reverse Side)

Pyne

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 Robert F. Gibson

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois 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.