

FILED APR 5 1946
318

Registration District No. 318

Primary Registration District No. 1003

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:
4032 Hydraulic Ave.
(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 000

(c) City or town St. Louis, 157
(If outside city or town limits, write "RURAL")

(d) Street No. 4032 Hydraulic Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Dolores M. Horn

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th
year 1946 hour 6 minute 25 A.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased August 27 1934
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 26, 1945 to March 30, 1946.
that I last saw her alive on March 30, 1946; and that death occurred on the date and hour stated above.

8. AGE: Years 11 Months 7 Days 3
If less than one day _____ hr. _____ min.

Immediate cause of death myelocytic Leukemia Duration 6 mo.

Due to _____

Due to _____

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

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name Matthias M. Horn

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

14. Maiden name Dorothy A. Wessels

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Matthias M. Horn
(b) Address 4032 Hydraulic Ave.

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? _____

17. (a) Burial (b) Date thereof Apr. 2, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Ralph L. Cook M.D. (M. D. or other) _____
Address 508 N. Grand Date signed 3/30/46

19. (a) APR 31 1946 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

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 *Laron C. Percy*.....

Licensed Embalmer No. 4094.....

2842 Meramec St.
P. O. Address St. Louis, Mo......

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.