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Rev. 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. **38725**
Registrar's No. **9963**

FILED DEC 2 1946

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 yrs.
(Specify whether years, months or days)

In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County osc

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

(d) Street No. 2622 PARK AVE.
(If rural, give location)

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

If yes, name country -

3. (a) PRINT FULL NAME AMELIA HORN

3. (b) If veteran, name war = 3. (c) Social Security No. =

4. Sex fe 5. Color or race W.

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

6. (b) Name of husband or wife HENRY J.

6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased Sept 1 1881
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 19 day 1946 hour 7:31 minute P M.

21. I hereby certify that I attended the deceased from November 17 1946 to November 19 1946 that I last saw her alive on November 19 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular accident Duration 3 days

Due to Thrombus or Hemorrhage in Pons

Due to -

Other conditions (Include pregnancy within 3 months of death) 82

Major findings: Of operations -

Of autopsy -

PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years 65 Months 2 Days 18 If less than one day - hr. - min.

9. Birthplace Belleville ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business -

12. Name CHAS. STOLZ IF

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH NOERPER

15. Birthplace ILL
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Christine Muekopf

(b) Address 426 1/2 N. 19th St.

17. (a) BURIAL (b) Date thereof Nov 22 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CONCORDIA

18. (a) Signature of funeral director Bludwig, James H.

(b) Address 1936 St. Louis Ave.

19. (a) NOV 22 1946 (b) J. F. Bredeck
(Date received local Registrar) (Registrar's signature)

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 George P. Smith M. D. or other -

Address 1515 Lafayette Avenue Date signed 11/20/46

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.....

Neal L. Paulson

Licensed Embalmer No. *4114*

P. O. Address. *1936 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.