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5-17-39  
P1 X47070

DEPARTMENT OF COMMERCE  
BUREAU OF HEALTH  
FILED NOV 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38727  
38727  
State File No. \_\_\_\_\_  
Registrar's No. **9426**

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:  
**4947 "Claxton Avenue"**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **40 years** 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. **4947a Claxton Avenue** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ROSE A. HORSTMAYER**  
3. (b) If veteran, name war **NONE**  
3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov.** day **2**  
year **1946** hour **1:30** **PM**  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **CHRIST C. HORSTMAYER** 6. (c) Age of husband or wife if alive **64** years  
7. Birth date of deceased **March 2, 1876**  
(Month) (Day) (Year)

Immediate cause of death  
**Coronary Thrombosis**  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
**70 8 0** hr. min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace **Chester Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

12. Name **John V. Milzark**

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

14. Maiden name **Agnes Paulus**

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

16. (a) Informant **CHRIST C. HORSTMAYER**

(b) Address **4947 Claxton Avenue**

17. (a) **Burial** (b) Date thereof **11/5/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Math. Hermann & Son**

(b) Address **2161 East Fiar Avenue**

19. (a) **NOV 4 1946** (b) **J. F. Muebeck**  
(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 **3**

23. Signature **Dr. Alfred J. Perry** (M. D. or other) \_\_\_\_\_  
Address **Deputy Coroner** Date signed **11-4-46**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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**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 Gustav W. Dentule

Licensed Embalmer No. 4329

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.**