

No. 2
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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. 7403
Registrar's No. 483

FILED MAR 14 1947

Registration District No. _____ Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Saint Louis Pave Lave
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 4
Shamrock Nursing Home 3709 Manola, P.L.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 Weeks
 (Specify whether _____)
 In this community Life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
 (c) City or town Rural Jennings, Mo. 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5343 College Ave., Jennings, Mo. 0
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Carrie Horstmann
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month March day 4th
 year 1947 hour 10 minute 30 AM

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Single 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 7th 1861
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 14th to March 10th 1947
 that I last saw him or alive on February 27th 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Melanoma Paraneoma with metastasis
 Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>11</u>	<u>27</u>	hr. _____ min. _____

Due to _____ 53
 Due to _____

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

Other conditions primary - skin cancer
 (Include pregnancy within 3 months of death)

10. Usual occupation Unemployed

PHYSICIAN

11. Industry or business _____

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER {
 12. Name August Horstmann 4
 13. Birthplace Germany 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Louisa Lindstroth 4
 15. Birthplace Germany 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Merk

22. If death was due to external causes, fill in the following:

(b) Address 5343 College Ave. Jennings, Mo.

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof Mar. 7th 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Saint Peters Cemetery

(c) Where did injury occur? _____ (City or town) (County) (State)

18. (a) Signature of funeral director Calvin F. Feutz

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address 4828 Natural Bridge Blvd.

While at work? _____ (Specify type of place) (e) Means of injury _____

19. (a) 3-7-47 (b) Arthur G. Allen MD
 (Date received local registrar) (Registrar's signature)

23. Signature Good. Grosskreutz (M. D. or _____)

Address 13601 Cananda St. Date signed 3/5-47

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.....

Ralph C. Linders

Licensed Embalmer No.

4225

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.