No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32620

Registrar's No. 8508

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: City Sanitarium 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 yrs. 9 mos. 19ds. (Specify whether years, months or days)

In this community 36 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 5400 Arsenal St. (If rural, give location) 9

13

(e) Citizen of foreign country? Yes (Yes or No) 0

If yes, name country Austria

3. (a) PRINT FULL NAME PETER HORAN

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced Sep. 1

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 17 (Day) 1882 (Year)

8. AGE: Years 65 Months 4 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) Austria 4 (State or foreign country)

10. Usual occupation Concrete worker

11. Industry or business

FATHER

12. Name Harry Horan

13. Birthplace (City, town, or county) Not Known Austria 4 (State or foreign country)

MOTHER

14. Maiden name

15. Birthplace (City, town, or county) Austria 4 (State or foreign country)

16. (a) Informant Clara Robinson

(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/47 (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director CHULICK UND. CO. INC

(b) Address 1722 S. Jefferson Ave.

19. SEP 8 1947 (Date received local registrar) (b) J. Brian (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6 year 1947 hour 10.00 minute A M.

21. I hereby certify that I attended the deceased from Jan. 1, 1946, to Sept. 6, 1947 that I last saw him alive on Sept. 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Cardiac Decompensation	5/18/47x.
Due to Broncho Pneumonia	9 ds.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

PHYSICIAN

Underline the cause of 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) Nature of injury 0

23. Signature J. Schleuter (M. D. ~~or other~~)

Address 5400 Arsenal St. Date signed 9/6/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4143

P. O. Address 1722 S. Jeffe

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.