No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6511
Registrar's No. 1824

Registration District No. 318 Primary Registration District No. 1003

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

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: Father Dempseys Hotel - 1421 Hogan (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 (If outside city or town limits, write "RURAL") 17
(d) Street No. Father Dempseys Hotel (If rural, give location) 9
21 1421 Hogan
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Horridge
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
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 Dec. (Month) 20th. (Day) 1879 (Year)

8. AGE: Years 68 Months 2 Days 1 If less than one day hr. min.

9. Birthplace Illinios (City, town, or county) (State or foreign country) 1
10. Usual occupation Retired Cook
11. Industry or business
FATHER
12. Name Daniel Horridge
13. Birthplace England (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Elizabeth Fults
15. Birthplace Illinios (City, town, or county) (State or foreign country) 1
16. (a) Informant George Horridge
(b) Address 4610 St. Louis Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Sullivan Funeral Dir.
(b) Address 2849 North Euclid Ave.
19. (a) FEB 24 1948 (Date received local registrar) (b) J. F. Brenneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 st.
year 1948 hour 12.45 minute 45 A.M.
21. I hereby certify that I attended the deceased from
, 19, to 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Chronic Cystitis Nephritis
Due to
Due to 121
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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) Means of injury 3
23. Signature Alfred Perry (M. D. or other)
Address Deputy Coroner Date signed 2/24/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Coroners Case

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 Henry Drummer

Licensed Embalmer No. 4200

P. O. Address.....

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.