DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20983
5620

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks (Specify whether years, months or days)
In this community ?

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. 4202 W. Evans
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Eugene Horton

3. (b) If veteran, name war ----

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Eliza

6. (c) Age of husband or wife if alive Abt 40 years

7. Birth date of deceased October (Month) 15th (Day) 1907 (Year)

8. AGE: Years 40 Months 8 Days 3 If less than one day hr. min.

9. Birthplace Athens (City, town, or county) Alabama (State or foreign country)

10. Usual occupation Janitor

11. Industry or business ---

FATHER
12. Name Bonnie Horton
13. Birthplace Athens (City, town, or county) Ala. (State or foreign country)

MOTHER
14. Maiden name Vannie--Unk.
15. Birthplace Athens (City, town, or county) Ala. (State or foreign country)

16. (a) Informant William Horton
(b) Address 4202 W. Evans

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.

19. (a) JUN 22 1948 (Date received local registrar) (b) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1948 hour 2 minute 05 P.M.

21. I hereby certify that I attended the deceased from June 5, 1948, 19..., to June 18, 1948, 19...; that I last saw him alive on June 18, 1948, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema — Duration

Due to Hypertensive cardiovascular disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN — Underline the cause to 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

23. Signature F R Bradley (M. D. or other)
Address Barnes Hospital Date signed 6/19/48

(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

John K. Cunningham Registered Apprentice No.

working under my personal supervision.

Signed John K Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.