FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24389

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6910

WRITE PLAINLY—USE 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: 4944 Itaska St.
(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 Mo. (b) County 500
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4944 Itaska St. 9
(If rural, give location.)
(e) Citizen of foreign country? 14 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME CLARA RUETZ HORNUNG
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 9
6. (b) Name of husband or wife Late Christian
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 12 (Day) 1865 (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	1	22	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Francis X. Stutz
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Catherine Nicolaus
15. Birthplace (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Mrs. Louise Topping
(b) Address 4944 Itaska St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) AUG 6 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4 year 1948 hour 10:00 minute A. M.
21. I hereby certify that I attended the deceased from March, 1948, to 4 Aug, 1948; that I last saw her alive on 3 Aug, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis and myocardial Degeneration	12 yrs.
Due to Arterio-sclerosis Generalized	12 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	PHYSICIAN
Of autopsy	Underline the cause to which death should be charged statistically.

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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 0
23. Signature George A. Young (M. D. or other) MD
Address 5431 Graffin Date signed 5 Aug

(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 Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address.....

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

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