FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 6 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24390

Registrar's No. 6595

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 Ten Route City Hosp
4535 Lewis Pl.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 4535 Lewis Pl. 9
(If rural, give location)

12

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

If yes, name country

3. (a) PRINT FULL NAME Emily K. Horsley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W.

6. (a) Single, widowed, married, divorced widowed 9

6. (b) Name of husband or wife Frank C.

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

7. Birth date of deceased Feb (Month) 6 (Day) 1867 (Year)

8. AGE: Years 81 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Hecker (City, town, or county) Ill (State or foreign country) 1

10. Usual occupation housewife

11. Industry or business home

FATHER
12. Name John Kraemer
13. Birthplace unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Margaretta Mueller
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Oreon E. Scott 1
(b) Address 800 Chestnut St.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-28-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Bl.

19. (a) JUL 27 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1948 hour 1040 minute 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 Coronary Sclerosis
Arterio sclerosis

Due to

Due to 94a

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 9

23. Signature [signature] (M. D. or other)

Address [signature] Date signed 7/27/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING

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.....Warren G. Carve

Licensed Embalmer No.....3534

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.