#3136

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

38252

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9897

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community
years, months or days)

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. 1515 Missouri Ave.
Memorial (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HERMAN HORSTMEIER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife late Mildred Horstmeier

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

7. Birth date of deceased April 1883 (Month) (Day) (Year)

8. AGE: abt. Years 65 Months — Days — If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business John Deere Plow Co.

FATHER
12. Name Rev. W. F. Horstmeier
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Marcus
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant C. H. Horstmeier
(b) Address 1107 N. Dearborn, Chicago, Ill.

17. (a) (Burial, cremation, or removal) (b) Date thereof Nov. 16, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Blvd.

19. (a) NOV 15 1948 (Date received local registrar) (b) J. B. Lorater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13th year 1948 hour 3 minute 50 P M.

21. I hereby certify that I attended the deceased from 11/8/48, 19, to Nov. 13th, 19 48 that I last saw him alive on Nov. 13th, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiovascular Indeterm. Disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 L. M. Landau M.D. (M. D. or other)

Address 1515 Lafayette Date signed 11/15/48

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Ralph C. Linden

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

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

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