

No. 2
5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41540

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County..... St. Louis, Mo.
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital
 (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: **10845**

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5079 Cates
 (If rural, give location) 12
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Michele Kristin Hornberger
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
 year 1948 hour 9 minute 45 P.
 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.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S. (D)
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Oct. 6 1946
 (Month) (Day) (Year)

Immediate cause of death Fracture skull. Duration _____
Epidual hematoma, when the
car was sitting in and
due being driven by one Edwin
Hornberger, collided with an
automobile driven by one
McWayne Mullens at the
 Other conditions interception of Maple and
 (Include pregnancy within 3 months of death)
Academy about 5:40 PM.
 Major findings Dec 14 1948
 Of operation _____

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

9. Birthplace St. Louis, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

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) Accident
 (b) Date of occurrence Dec 14 1948
 (c) Where did injury occur? St. Louis
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
 (Specify type of place)
 While at work? no (e) Means of injury _____

MOTHER FATHER

11. Industry or business _____

12. Name Edwin O. Hornberger
 13. Birthplace Perryville, Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Edna Fern Gravett
 15. Birthplace Cowling, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Edwin O. Hornberger
 (b) Address 5079 Cates

17. (a) burial (b) Date thereof 12-17-48
 (Burial, cremation; or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Perryville, Mo.

18. (a) Signature of funeral director Alexander Sons
6175 Delmar
 (b) Address _____

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

23. Signature Patrol Taylor (M. D. or other) _____
 Address 1300 Clark Date signed 12-15-48

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

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 *Thomas R. Fenwick*

Licensed Embalmer No. *3793*

P. O. Address. *6175 Helman*

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.