

FILED APR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8931

50

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Jefferson	
b. CITY OR TOWN Herculaneum		c. CITY OR TOWN Herculaneum 50	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			
3. NAME OF DECEASED (Type or Print) a. (First) DAVE b. (Middle) WINDSOR c. (Last) HORN			4. DATE OF DEATH (Month) (Day) (Year) Jan 10 49
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar 29 1861
9. AGE (in years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lead Smelter (retired)	11. BIRTHPLACE (State or foreign country) Butler County MO
10b. KIND OF BUSINESS OR INDUSTRY Smelter		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Jesse Horn		13b. MOTHER'S MAIDEN NAME Julia Semons	14. NAME OF HUSBAND OR WIFE Anna Horn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Horn Herculaneum MO
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis & failure ANTECEDENT CAUSES (b) Pulmonary edema DUE TO (c) 4500 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None except age	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/27, 1948 to 1/10, 1949, that I last saw the deceased alive on 1/6/49, 1949, and that death occurred at 10:02 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Dr. E. Deem (Degree or title)		23b. ADDRESS Herculaneum, Mo	23c. DATE SIGNED 1/11/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/13/49	24c. NAME OF CEMETERY OR CREMATORY Catholic	24d. LOCATION (City, town, or county) (State) Fenton MO
DATE REC'D BY LOCAL REG. 1/18/49	REGISTRAR'S SIGNATURE Chas. Bellucci	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 142 1/2 Fenton MO	

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

Bellucci

Date Filed -----

APR 5 1949

District File Number

District Health Officer No. 9,

RECEIVED

APR 7 - 1949

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 -----

James J. Commeyrol

Student Embalmer No. 235

working under my personal supervision.

Signed *James J. Commeyrol*
Student Embalmer

Signed *H. Stinson*

Licensed Embalmer No. 3010

P. O. Address *Festus*

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.