

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25663

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6074 Registrar's No. 11659

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson Barracks, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>5 days</b>		d. STREET ADDRESS (If rural, give location) <b>2751 Allen Avenue</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Vet. Adm. Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>August</b> b. (Middle) <b>J.</b> c. (Last) <b>HORNACEK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 13, 1949</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>August 16, 1913</b>	9. AGE (In years last birthday) <b>35</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 WKS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Brewery Worker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Brewing</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>August Hornacek</b>	13b. MOTHER'S MAIDEN NAME <b>Katherine Capovic</b>	14. NAME OF HUSBAND OR WIFE <b>--</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War II</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Eugene F. Nolan, Registrar</b>	ADDRESS <b>Vet. Adm. Hosp. Jeff. Bks. Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>SUB-DURAL HEMATOMA, LEFT PARIETAL REGION!</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____		Coroner's Case
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <b>7/9/49</b>	19b. MAJOR FINDINGS OF OPERATION <b>Sub-dural hematoma left parietal region</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 **July 8, 1949**, to **July 13, 1949**, that I last saw the deceased alive on **July 13, 1949**, and that death occurred at **3:55 a. m.**, from the causes and on the date stated above.

Signature of Physician <b>A. C. O'Brien, M.D.</b> (Degree or title)	23b. ADDRESS <b>Vet. Adm. Hosp. Jeff. Brks. Mo.</b>	23c. DATE SIGNED <b>7/13/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/16-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7-14-49</b>	REGISTRAR'S SIGNATURE <b>Reginald R. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister</b>	ADDRESS <b>U&amp;L Co. St. Louis, Mo.</b>
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(Licensed Embalmer - Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Louis C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.