

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35900**

FILED OCT 19 1949

96
9

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>4152</u>	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Beverly Hills		c. LENGTH OF STAY (In this place) 30 yrs		c. CITY (If outside corporate limits, write RURAL and give township) 16 TOWN Beverly hills			
d. FULL NAME OF HOSPITAL OR INSTITUTION 7130 Edison Ave				d. STREET ADDRESS (If rural, give location) 7130 Edison Ave			
3. NAME OF DECEASED (Type or Print) Francis L. Horton			a. (First) L. b. (Middle) Horton c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 17, 1876	
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Greenskeeper			10b. KIND OF BUSINESS OR INDUSTRY Glen-Echo Club		11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Evert Horton			13b. MOTHER'S MAIDEN NAME Ann Hawkins			14. NAME OF HUSBAND OR WIFE Margaret M. (Stenson)	
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. 494-09-1043		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Horton 7130 Edison Ave.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Shr. Myo Perditio - Endo. Perditio ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mitral Insufficiency - Anterior Sclerosis - Angina pectoris DUE TO (c) Coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH About 4 years 1 day	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420. 1 All similar type				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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 11-4 , 19 49 , to 10-6 , 19 49 , that I last saw the deceased alive on 10-6 , 19 49 , and that death occurred at 6:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John B. Trimmell				23b. ADDRESS 3734 Junney's Rd		23c. DATE SIGNED 10/14/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 15 49		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. 10 14 49		REGISTRAR'S SIGNATURE Herbert A. Donke		FUNERAL DIRECTOR'S SIGNATURE Callen Kelly		ADDRESS 7267 Natural Brid	

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.

Signed James A. Lammer

Signed.....
Student Embalmer

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.