

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **3415**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **239**

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

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Normandy		c. CITY (If outside corporate limits, write RURAL and give township) Overland	
c. LENGTH OF STAY (In this place) 12 days		d. STREET ADDRESS (If rural, give location) 9825 Olive St. Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp.			
3. NAME OF DECEASED (Type or Print) a. (First) ANNIE		b. (Middle) _____ c. (Last) HORN	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 27 1950		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH July 29, 1885		9. AGE (In years last birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY HOME	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME Joseph Heutel		13b. MOTHER'S MAIDEN NAME Barbara Brehm	
14. NAME OF HUSBAND OR WIFE Late Christ Horn		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Clara W. McLafferty	
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.		17. ADDRESS 4130a Hartford	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction.		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Heart Failure DUE TO (c) Ventral Hernia		501.3 5618	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Partial obstruction of Ileum Ventral Hernia	
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) (Min) 3:15 p.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 1-16, 1950 , to 1-27, 1950 , that I last saw the deceased alive on 1-27, 1950 , and that death occurred at 3:15 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE G. N. Stewart (Degree or title) D.O.		23b. ADDRESS 7283 Natural Bldg. St. Louis	
23c. DATE SIGNED 1-27-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 31, 1950	
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Herbert R. Dombke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	
ADDRESS JAN 28 1950		ADDRESS 4228 S. Kingshighway Bl.	

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 William B. White.....

Licensed Embalmer No. 4291.....

P. O. Address 4228 De King Highway.....

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.