

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7058

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **30030** Registrar's No. **574**

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>WEBSTER GROVES</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>WEBSTER GROVES</b>	
c. LENGTH OF STAY (in this place) <b>40 YRS</b>		d. FULL NAME OF HOSPITAL OR INSTITUTION <b>549 VIRGINIA</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>549 VIRGINIA</b>		f. STREET ADDRESS (If rural, give location) <b>549 VIRGINIA</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>AGNES</b>		b. (Middle) <b>ADA</b>	
c. (Last) <b>HORNE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MCH 3 1950</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>JULY 24, 1876</b>
9. AGE (in years last birthday) <b>73</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SEAMSTRESS</b>	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>BRITISH WEST INDIES</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>ROBERT HORNE</b>	
13b. MOTHER'S MAIDEN NAME <b>GRACE CLUKIES</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <b>Marshall M Bach</b>		ADDRESS <b>549 Virginia</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis Chr</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Nephritis Chr</b>	
DUE TO (c) _____		10 yr	
II. OTHER SIGNIFICANT CONDITIONS		592X	
Conditions contributing to the death but not related to the disease or condition causing death.		19. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION _____		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) _____	
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 <b>Mar 1 1950</b> to <b>Mar 3 1950</b> , that I last saw the deceased alive on <b>Mar 3 1950</b> , and that death occurred at <b>11:58 a.m.</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>Carl E. Dickson</b>		23b. ADDRESS <b>Welsh Grove</b>	
23c. DATE SIGNED <b>3-4-50</b>		24a. BURLIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>3-6-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OAK HILL</b>	
24d. LOCATION (City, town, or county) (State) <b>KIRKWOOD MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Subert R. Shanks</b>	
DATE REC'D BY LOCAL REG. <b>MAR 6 1950</b>		REGISTRAR'S SIGNATURE <b>Subert R. Shanks</b>	
ADDRESS <b>Webster Groves, Mo.</b>		(Licensed Embalmer, Statement on Reverse Side)	

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

No. 300  
10.48

**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 *Leslie Halch* .....

Licensed Embalmer No. *4395* .....

P. O. Address *White Grove, Mo* .....

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.