

FILED MAY 5 1950
52583

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14633

State File No. _____
Registrar's No. 3872

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo. | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| c. LENGTH OF STAY (In this place) 259 | | 2759 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1. | | d. STREET ADDRESS (If rural, give location) Stag Hotel-9th & Market Sts., | |

3. NAME OF DECEASED (Type or Print)
a. (First) AMBROSE b. (Middle) HORN c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) April 22, 1950

| | | | | | | | | |
|---|--------------------------|---|----------------------------|---|------------------------|---------------------------------------|----------------------|---------------------|
| 5. SEX Male | 6. COLOR OR RACE "white" | 7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Single | 8. DATE OF BIRTH Jan. 1875 | 9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HR. Hours | IF UNDER 1 HR. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (State or foreign country) Minnesota | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | |

13a. FATHER'S NAME Charles Horn
13b. MOTHER'S MAIDEN NAME Tressy Unknown
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown Unknown
16. SOCIAL SECURITY NO. Unavailable
17. INFORMANT'S SIGNATURE OR NAME ADDRESS City Hospital Records

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Atherosclerosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

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
20. AUTOPSY? YES NO

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) H. S. D.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/17/50, 19, to 4/22/50, 19, that I last saw the deceased alive on 4/22/50, 19, and that death occurred at 1:00 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Koehler M.D.
23b. ADDRESS 1515 Lafayette Ave.,
23c. DATE SIGNED 4/24/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-28-50
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. 27 1950
REGISTRAR'S SIGNATURE J. B. Lusater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington

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 William S. Salter

Licensed Embalmer No. 1699

P. O. Address W. Charles

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.