

FILED MAY 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 18281

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1445	
1. PLACE OF DEATH.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY				a. STATE <u>MISSOURI</u>		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS 2239</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>FIRMIN DESLOGE Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>2727 EADS 0</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>ELLEN</u>			b. (Middle) <u>-</u>			c. (Last) <u>HORAN</u>	
(Type or Print)			(Month) (Day) (Year)			<u>MAY 17 1950</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>DEC. 24 1876</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WIDOW</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>IRELAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>4</u>	
13a. FATHER'S NAME <u>MICHAEL RAFFERTY</u>			13b. MOTHER'S MAIDEN NAME <u>BRIDGETT BURKE</u>			14. NAME OF HUSBAND OR WIFE <u>JOHN J. HORAN (DECEASED)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARY HORAN 2727 EADS</u>			
(If yes, give war or dates of service)							
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular accident</u>				<u>2 Wks.</u>	
*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) <u>Generalized arterio sclerosis - years</u>					
		DUE TO (c) <u>also Diabetic Mellitus</u>				<u>several years</u>	
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Pancreatitis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				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) <u>Mo</u>			
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 <u>Summer, 1947</u> , to <u>May 16, 1950</u> , that I last saw the deceased alive on <u>16 May, 1950</u> , and that death occurred at <u>12:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>Edward J. Jordan M.D.</u>			23b. ADDRESS <u>1504 So Grand</u>			23c. DATE SIGNED <u>17 May 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 20 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
DATE REC'D BY LOCAL HEALTH DEPT. <u>18 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasaker</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kutis 2906 Gravois</u>			

1/18
M. F. Hill

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 James C Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Shreve

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.