

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 18 1950

State File No. 24894

6006

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Festus</u>		6501			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony's</u>				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henrietta</u> (Middle) _____ c. (Last) <u>Horn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-10-50</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>11-30-1900</u>			
9. AGE (In years last birthday) <u>49</u>		10. MONTHS <u>7</u> DAYS <u>10</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brown Shoe Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Wm. Porter</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Cunningham</u>		14. NAME OF HUSBAND OR WIFE <u>Arnold Horn</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>494-10-0847</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Donald Horn</u>		ADDRESS <u>Festus Mo</u>			
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastatic carcinoma</u>				DUPLICATE OF BRAIN				4 mos	
ANTECEDENT CAUSES				DUPLICATE OF BRAIN				4 mos	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE OF BRAIN				4 mos	
DUPLICATE OF BRAIN				DUPLICATE OF BRAIN				3 yrs.	
II. OTHER SIGNIFICANT CONDITIONS				DUPLICATE OF BRAIN				3 yrs.	
Conditions contributing to the death but not related to the disease or condition causing death.				DUPLICATE OF BRAIN				3 yrs.	
19a. DATE OF OPERATION <u>1947</u>		19b. MAJOR FINDINGS OF OPERATION <u>carcinoma left breast</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>170X</u>					
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 <u>Jan 1847</u> , to <u>July 17, 1950</u> , that I last saw the deceased alive on <u>July 11, 1950</u> , and that death occurred at <u>12:00</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>George A. Sullivan, M.D.</u> (Degree or title)				23b. ADDRESS <u>St. Louis Mo 421 W. Schomer St.</u>		23c. DATE SIGNED <u>7-12-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-13-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roselaw Mem. Park</u>		24d. LOCATION (City, town, or county) (State) <u>Capital City Mo</u>			
DATE REC'D BY LOCAL REG. <u>JUL 12 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Link Tuned Paul</u> ADDRESS <u>Festus Mo</u>					

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Eleanore Poince

Signed.....

Student Embalmer

Licensed Embalmer No. *3403*

P. O. Address. *Testes 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.