

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

24896

State File No. \_\_\_\_\_

1003

Registrar's No. 5974

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>318</b>		1003		Registrar's No. 5974					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>			c. LENGTH OF STAY (In this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>			2249				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3310 S. 18th. St.</b>				d. STREET ADDRESS (If rural, give location) <b>3310 A.S. 18th. St.</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>Kate</b>			b. (Middle) <b>M.</b>			c. (Last) <b>Horst</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7-8-1950</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>7-4-1878</b>		9. AGE (In years last birthday) <b>72</b>		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) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Frank Ludwig</b>				13b. MOTHER'S MAIDEN NAME <b>Mary Birkle</b>				14. NAME OF HUSBAND OR WIFE <b>Rudolph E. Horst</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>				16. SOCIAL SECURITY NO. <b>494-05-7588 A</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Rudolph E. Horst 3310 S. 18th. St.</b>							
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of uterus</b>								INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>			
		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 <b>2/26/48</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cancer of uterus</b>								20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>1711X</b>									
22. I hereby certify that I attended the deceased from <b>7/26</b> , 19 <b>49</b> , to <b>7/8</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>7/8</b> , 19 <b>50</b> , and that death occurred at <b>12 P. m.</b> , from the causes and on the date stated above.													
23a. SIGNATURE <b>Dr. J. M. G. ...</b> (Degree or title) _____						23b. ADDRESS <b>7619 ...</b>			23c. DATE SIGNED <b>7/10/50</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-12-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>4360 Bates St. Mo</b>							
DATE REC'D BY LOCAL REG. <b>JUL 19 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gene ...</b>		ADDRESS <b>6409 Gravois Ave</b>							

Dr. O. J. McNamee  
 7619 Ivory Ave HU 9502  
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 1 to 4

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**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 Elmo P. Sadwell

Licensed Embalmer No. 4077

P. O. Address \_\_\_\_\_

**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.