

Reg. **FILED SEP 9 1950**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **2010**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		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 township) OR TOWN <b>Jeff. Brks. Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VET. ADM. HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>4028 N. 11th St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>W.</b> c. (Last) <b>HORN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>8/20/50</b>
---	---

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>8/8/86</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 WED. Hours _____ Min. _____
-----------------	---------------------------	---	--------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Glass Cutter</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	---	---	---

13a. FATHER'S NAME <b>Phillip Horn</b>	13b. MOTHER'S MAIDEN NAME <b>Caroline Vogler</b>	14. NAME OF HUSBAND OR WIFE <b>Clara Horn</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>World I</b>	16. SOCIAL SECURITY NO. <b>493097266</b>	17. INFORMANT'S SIGNATURE OR NAME <b>V. A. HOSPITAL RECORDS</b>	ADDRESS _____
--	--	---	---------------

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, asphyxia, 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) <b>TUBERCULAR PERITONITIS</b>		<b>UNK</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>PULMONARY TUBERCULOSIS, FAR ADVANCED</b> DUE TO (c) _____		<b>UNK</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>DOZ</b>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <b>NO</b>
------------------------------	--	------------------------

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	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) <b>V.A.</b>	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 **6/26/1950** to **8/20/1950**, and that death occurred at **3:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L. E. STILWELL, M.D.</b> (Degree or title)	23b. ADDRESS <b>V.A. HOSP. JEFF. BRKS. MO.</b>	23c. DATE SIGNED <b>8/20/50</b>
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 23, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Johns Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, CO. MO.</b>
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>8-22-50</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Danke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>SUEDMEYER &amp; SONS</b>	ADDRESS <b>Fun. Home. 3934 N. 20th St. ST. LOUIS, MISSOURI</b>
---	--	--	--

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

4000  
copying

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

*Gustav W. Dutala*

Signed.....

Student Embalmer

Licensed Embalmer No. *4379*

P. O. Address *St. Louis, 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.