

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7077

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY <i>Saint Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>St Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Koch, Mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Saint Louis</i> 2249	
c. LENGTH OF STAY (In this place) <i>15 days</i>		d. STREET ADDRESS (If rural, give location) <i>W 3830 Ohio</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Robert Koch Hospital</i>			
3. NAME OF DECEASED a. (First) <i>ANNA</i> (Type or Print)		b. (Middle) <i>GENES</i> c. (Last) <i>HORN</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>January 24 1951</i>		5. SEX <i>Female</i>	
6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	
8. DATE OF BIRTH <i>P-31-98</i>		9. AGE (In years) (Month) (Days) (Hours) (Min.) <i>52</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house wife</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Czechoslovakia 6</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>	
13a. FATHER'S NAME <i>Frank Suchy</i>		13b. MOTHER'S MAIDEN NAME <i>Josephine ?</i>	
14. NAME OF HUSBAND OR WIFE <i>Andrew Horn</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Robert Koch Hospital record - Koch, Mo</i>	
17. ADDRESS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Pulmonary Tuberculosis</i>	
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary Tuberculosis</i> 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.		INTERVAL BETWEEN ONSET AND DEATH <i>2 years?</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>002X</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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) (Min.)		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 <i>1-9-1951</i> , to <i>1-24-1951</i> , that I last saw the deceased alive on <i>1-24-1951</i> , and that death occurred at <i>6:40 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Bernard Friedman, M.D.</i>		23b. ADDRESS <i>Koch Hosp. Koch Mo.</i>	
23c. DATE SIGNED <i>1-24-51</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>1-27-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	
24d. LOCATION (City, town, or county) (State) <i>St Louis Mo</i>		DATE REC'D BY LOCAL REG. <i>1-26-51</i>	
REGISTRAR'S SIGNATURE <i>Herbert R. Dombko</i>		FUNERAL DIRECTOR'S SIGNATURE <i>William C. Moydell</i>	
ADDRESS <i>1926 Allen</i>		ADDRESS	

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

4000

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 me

working under my personal supervision.

Signed.....
Student Embalmer

Signed Ed A. Shannon
Student Embalmer No.....

Licensed Embalmer No. 4533

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.