

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21263

318

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 1002 Registrar's No. 5624

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS, MISSOURI</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS, MO.</b>		c. LENGTH OF STAY (in this place) <b>8 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>6229 Marmaduke Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANK</b>		b. (Middle) <b>JOSEPH</b>	
c. (Last) <b>HORAT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 20, 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 21, 1901</b>
9. AGE (In years last birthday) <b>50</b>		10. MONTHS <b>0</b>	11. DAYS <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Car Inspector-Pennsylvania R.R.Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis, Mo.</b>	
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U</b>	
13a. FATHER'S NAME <b>Alois Horat</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Laubie</b>	
14. NAME OF HUSBAND OR WIFE <b>Henrietta Horat</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>...</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Henrietta Horat</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.		19. ADDRESS <b>6229 Marmaduke Ave.</b>	
MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRALVASCULAR ACCIDENT</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE 15 yrs</b>			
DUE TO (c) <b>...</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (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>HVF3 X</b>			
22. I hereby certify that I attended the deceased from <b>JUNE 12, 1951</b> , to <b>JUNE 20, 1951</b> , that I last saw the deceased alive on <b>JUNE 20, 1951</b> , and that death occurred at <b>6:20 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Bernard T. Layman M.D.</b>		23b. ADDRESS <b>BARNES HOSPITAL</b>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jun. 23, 1951</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>SS Peter &amp; Paul Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JUN 21 1951 J.B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>	
ADDRESS <b>4228 S. Kingshighway Bl.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

**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.

Signed.....  
Student Embalmer

Signed *Edwin M. Stewart*.....  
Student Embalmer No. ....

Licensed Embalmer No. ....

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.