

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **21635**

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

FILED JUL 13 1951

BIRTH NO. _____		REG. DIST. NO. <u>017</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2588</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. John</u>		c. LENGTH OF STAY (in this place) (Type or Print) <u>19 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. John</u> <u>4211</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3735-Eminence Ave</u>				d. STREET ADDRESS (If rural, give location) <u>3735-Eminence Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grant</u>			b. (Middle) _____			c. (Last) <u>Horton</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 3, 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Feb. 8, 1862</u>		9. AGE (In years Last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Millright</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXXXXX</u>	
11. BIRTHPLACE (State or foreign country) <u>Warrenton Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Thomas Horton</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Ellis</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Horton</u> <u>Dad.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Forest C. Horton</u> ADDRESS <u>St. Louis-21-Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>							
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u>	
DUE TO (c) _____							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u> <u>443X</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____			
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>June 4, 1951</u> to <u>7/3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7/2/51</u> , 19 <u>51</u> , and that death occurred at <u>6:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Arnold H. Wenger M.D.</u>				23b. ADDRESS <u>3115 Brown Rd</u>		23c. DATE SIGNED <u>7/6/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-6-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW FLORENCE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>NEW FLORENCE, MO. MOTOR</u>	
DATE REC'D BY LOCAL REG. <u>7-6-51</u>		REGISTRAR'S SIGNATURE <u>Herbert P. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Baumgardner Bros. Overland, Mo.</u>			

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14th

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.