

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

No. 300  
10. 48

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28354

318

1003

Registrar's No. 7402

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>				d. STREET ADDRESS (If rural, give location) <u>5051 Minerva</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EGROVER</u>		b. (Middle) <u>C.</u>		c. (Last) <u>HORSTMAN RTZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 19 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 18, 1885</u>		9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Contractor</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Johann</u>		14. NAME OF DECEASED OR SURVIVOR <u>Ethel Schwartz</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See page for answers) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ethel Schwartz 5051 Minerva</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Transition; Coronary occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <u>Diabetes Mellitus</u>		<u>5 years</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Transition; Infection of foot</u>		<u>3 months</u>	
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>2nd X</u>			
22. I hereby certify that I attended the deceased from <u>7-11-51</u> , 19 <u>  </u> , to <u>8-19-51</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>8-19-51</u> , 19 <u>  </u> , and that death occurred at <u>12:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. M. Wisilinski M.D.</u>				23b. ADDRESS <u>1515 Lafayette Avenue</u>		23c. DATE SIGNED <u>8-20-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Buried Aug 28, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>	
DATE RECEIVED BY LOCAL REG. <u>AUG 20 1951</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. J. Quinlan 1389 Union Blvd</u>			

SEP 26 1951

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.....  
Student Embalmer

Signed *Ronald Yabake*  
Licensed Embalmer No. *3917*

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 28354  
Local Registrar's No. 7402

State of..... }  
County of..... } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 19....., before me appears.....

....., who, upon..... oath, states that the original record of <sup>birth</sup> death  
for **Grover C. Horstman** died ~~8-18-1888~~ **8-19-51**, 19....., in the State of  
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 3 should read **Grover C. Horstman**

Instead of..... **Edward Schwartz**

Item No. 14 should read **Claudia Horstman**

Instead of..... **Ethel Schwartz**

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Joseph G. Quinn **Fun. Dir**  
Relationship.

1389 Union Blvd  
Present Address.

Subscribed and sworn to before me this 24 day of August, 1951.

My Commission expires 3-4-53 Ever C. Padlock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.