

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3070** Registrar's No. **73**

1. PLACE OF DEATH a. COUNTY <b>Saint Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webster Groves, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webster Groves</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>412 Glen Road</b>		d. STREET ADDRESS (If rural, give location) <b>412 Glen Road</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Augusta</b> b. (Middle) <b>Caroline</b> c. (Last) <b>Horstman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 9 52</b>					
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>4/26/65</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months <b>8</b>	IF UNDER 1 YEAR Days <b>13</b>	IF UNDER 11 HRS. Hours <b>0</b>	IF UNDER 11 HRS. Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St Louis</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Henry Bloebaum</b>		13b. MOTHER'S MAIDEN NAME <b>Augusta Meier</b>		14. NAME OF HUSBAND OR WIFE <b>Edward C. Horstman DeCl</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>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>H. W. Nordmeyer 412 Glen Road</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>22 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>U20.0</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **12/26/51**, 19\_\_\_\_, to **1/9/52**, 19\_\_\_\_, that I last saw the deceased alive on **1/9/52**, 19\_\_\_\_, and that death occurred at **3:15A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Earl Brand</b> M.D.	(Degree or title)	23b. ADDRESS <b>120 E. Lockwood</b>	23c. DATE SIGNED <b>1/10/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/11/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Pickers</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>
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DATE REC'D BY LOCAL REG. <b>1-10-52</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Domb</b> MO	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Robert J. Ambruster, Inc. 6633 Clayton R</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

*Ernest W. Spillard*

Licensed Embalmer No. *4080*.....

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.