S. No. 300
v. 10.48

FILED MAR 20 1952

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

State File No. 11204

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 601

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Grove
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 153 W. Rose Ave

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Grove 61 4617
d. STREET ADDRESS (If rural, give location): 153 W. Rose Ave 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Charles
b. (Middle): G.
c. (Last): Van Horn

**4. DATE OF DEATH** (Month) (Day) (Year): March 3 1952

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: Oct 13 1879
**9. AGE** (In years last birthday): 72 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Restaurant Owner
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): Tipton Iowa 1
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Charles S. Van Horn
**13b. MOTHER'S MAIDEN NAME**: Kittie Alice Bridges
**14. NAME OF HUSBAND OR WIFE**: Hazel Van Horn

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): • • • • •
**16. SOCIAL SECURITY NO.**: ?
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Hazel Van Horn 153 W. Rose Ave

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized arteriosclerosis — 1 yr.
DUE TO (c) Cerebral thrombosis — Chronic

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 4200

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* July 10, 1950, *to* March 3, 1952, *that I last saw the deceased alive on* March 3, 1952, *and that death occurred at* 1.50 P.M., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): James S. Murphy M.D.
**23b. ADDRESS**: 607 N. Grand
**23c. DATE SIGNED**: 3-4-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: March 6 1952
**24c. NAME OF CEMETERY OR CREMATORY**: Valhalla Cemetery
**24d. LOCATION** (City, town, or county) (State): 7600 St. Charles Rock Road

DATE REC'D BY LOCAL REG.: 3-5-52
REGISTRAR'S SIGNATURE: Herbert R. Donke MD
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Jos. W. Clark. 1125 Hodiamont Ave

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. James P. Murphy
University Club Bldg
1.30 to 5.

## 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 John L. Kennedy

Licensed Embalmer No. 4194

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.