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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30398**

Reg. 100,929

FILED SEP 3 - 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2299

1. PLACE OF DEATH a. COUNTY ST. LOUIS COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS. MO.		c. LENGTH OF STAY (in this place) 162 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EAST ST. LOUIS		8120
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.			d. STREET ADDRESS (If rural, give location) 654 NORTH 3RD STREET		
3. NAME OF DECEASED (Type or Print) a. (First) TIM TIM		b. (Middle) (NMI) (NMI)	HUMBERGER (ARMY) HORNBERGER	4. DATE OF DEATH (Month) (Day) (Year) 9/2/52	
5. SEX MALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/27/87	9. AGE (In years last birthday) 65 yrs.	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and State or Foreign Country) Tupelo, Miss.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME PHIL HORNBERGER		13b. MOTHER'S MAIDEN NAME LUCINDIA MERRITT		14. NAME OF HUSBAND OR WIFE ROSIE HORNBERGER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES		16. SOCIAL SECURITY NO. WORLD 1 432-36-4028	17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION ADENOCARCINOMA PROSTATE GLAND WITH METASTASIS		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 177X 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		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		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) V.A.		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>3/24</u> , 19 <u>52</u> , to <u>9/2</u> , 19 <u>52</u> , and that death occurred at <u>11:05</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE V. A. KAMINSKAS (Degree or title) M.D.			23b. ADDRESS V.A. HOSPITAL JEFF. BRKS. MO.		23c. DATE SIGNED 9-3-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-9-52	24c. NAME OF CEMETERY OR CREMATORY National Cem.	24d. LOCATION (City, town, or county) (State) Jefferson Bks. Mo.		
DATE REC'D BY LOCAL REG. 9-4-52		REGISTRAR'S SIGNATURE Herbert R. Gombke MD		25. FUNERAL DIRECTOR'S SIGNATURE WADE FUNERAL HOME 4202 FINNEY	

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

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 Melvin E. Green

Licensed Embalmer No. 4428

P. O. Address St. Louis, Mo

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.