

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36491

State File No.

Registrar's No. 9873

FILED NOV 13 1952

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No. 9873					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>City of StLouis</u>				c. LENGTH OF STAY (in this place) <u>3 yrs., 4 mo., 12 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>City St. Louis</u> <u>2159</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY INFIRMARY</u>				d. STREET ADDRESS (If rural, give location) <u>15 4253 ELLEN WOOD</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Victoria</u>			b. (Middle)			c. (Last) <u>Horner.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-26-52</u>				
5. SEX <u>Female.</u>		6. COLOR OR RACE <u>White.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>APRIL 11 1870</u>		9. AGE (In years less birthday) <u>82</u>		# UNDER 1 YEAR: MONTHS _____ DAYS _____		# UNDER 1 MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO. U</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>WILLIAM RAJEK</u>				13b. MOTHER'S MAIDEN NAME <u>?</u>				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>City Infirmary 5800 Arsenal.</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerotic Heart Disease</u>								<u>years</u>			
		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Generalized Atherosclerosis</u>								<u>years</u>			
		DUE TO (c)											
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4200</u>									
22. I hereby certify that I attended the deceased from <u>7/1</u> , 19 <u>51</u> , to <u>10-26</u> <u>52</u> , that I last saw the deceased alive on <u>10-26-52</u> , at <u>10:20</u> p m., and that death occurred <u>at</u> <u>6:20</u> p m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>George Ecker M.D.</u>				23b. ADDRESS <u>5600 Arsenal</u>				23c. DATE SIGNED <u>10/27/52</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT 29 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.S. PETER + PAUL CH</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>							
DATE REC'D BY LOCAL REG. <u>OCT 27 1952</u>		REGISTRAR'S SIGNATURE <u>J. Charles Smith</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kute's 2906 Bravois</u>							

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

Leo J. Buddle

Licensed Embalmer No. 3989

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.