

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11726

FILED MAR 18 1953

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State File No. 2278
Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS,		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, 2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION 967 SWITZER AVE		d. STREET ADDRESS (If rural, give location) 26 1919 REAR ANGLERODT ST. 0	
3. NAME OF DECEASED a. (First) MINNIE (Type or Print)		b. (Middle) HORMANN c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) FEB, 25, 1953		5. SEX FEMALE	
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	
8. DATE OF BIRTH 5/18/1878		9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM BUSKEN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE WILLIAM HORMANN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARGARET BRINKMANN 967 SWITZER 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocardia ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Hypertension 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 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 592X		22. I hereby certify that I attended the deceased from Jan 26, 1953, to Feb 22, 1953, that I last saw the deceased alive on Feb 23, 1953 and that death occurred at 2:45 P.M., from the causes and on the date stated above.	
23a. SIGNATURE J.P. Morris		23b. ADDRESS 2209 N Broadway	
23c. DATE SIGNED 2/29/53		23d. LOCATION (City, town or county) (State) ST. LOUIS MISSOURI	
24. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2/28/53	
24c. NAME OF CEMETERY OR CREMATORY GALVARY CEMETERY		24d. LOCATION (City, town or county) (State) ST. LOUIS MISSOURI	
DATE REC'D BY LOCAL REG. FEB 28 1953		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 1600 NATURAL BRIDGE		(Licensed Embalmer's Suterment on Reverse Side)	

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

Albert Mayfield

Licensed Embalmer No.

3077

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.