

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23471

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1811

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Meramec Twp.)</u> c. LENGTH OF STAY (in this place) <u>80 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. Pacific (Fox Creek Rd.)</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Meramec Twp.)</u> <u>4740</u> d. STREET ADDRESS (If rural, give location) <u>R.F.D. Pacific (Fox Creek Rd.)</u>	
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3. NAME OF DECEASED (Type or Print) <u>CHARA Elizabeth Horstmann</u> (First) (Middle) (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>June, 27, 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>August 20, 1859</u>	9. AGE (In years last birthday) <u>93</u>	Months Days Hours Min. - - - -
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bun home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Wm. H. Horstmann</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Kroientkamp</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sophia Horstman, R.F.D. Pacific, Mo</u>
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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) <u>Hypospastic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular renal Disease</u> DUE TO (c) <u>Generalized arthritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>Five days</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>442X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 June 21, 1953, to June 27, 1953 that I last saw the deceased alive on June 27, 1953, and that death occurred at 3: A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. S. Puffer, D.O.</u>	23b. ADDRESS <u>Pacific Mo</u>	23c. DATE SIGNED <u>June 28/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>June 30, 1953</u>	24c. NAME OF CEMETERY OR CREMATORIUM <u>Horstmann Private Cem. R.F.D. Pacific, Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Pacific, Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-30-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.D.</u>
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327 (Licensed Embalmer's Signature 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

Joe L. Thelker

Licensed Embalmer No. 3008

P. O. Address Pacific, N.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.