V.S. No. 300
Rev. 10.48

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

FILED OCT 15 1953

State File No. 33427

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9344

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
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): St. Louis City Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 3841 Kossuth Ave.; 2109 10

**3. NAME OF DECEASED** (Type or Print)
a. (First): ANNA
b. (Middle):
c. (Last): HORSTMEYER

**4. DATE OF DEATH** (Month) (Day) (Year): SEPTEMBER 26, 1953

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Nov. 18, 1866
**9. AGE** (In years last birthday): 86 — 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): Housework
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Mo.
**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME**: William Saeger
**13b. MOTHER'S MAIDEN NAME**: Anna Eberley
**14. NAME OF HUSBAND OR WIFE**: Late Henry Horstmeyer

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME**: Edward Saeger, **ADDRESS**: 5200 Glennon Drive

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.* Rheumatic heart disease

**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?**

4200

22. *I hereby certify that I attended the deceased from* 9-22-53, 19___, *to* 9-26-53, 19___, *that I last saw the deceased alive on* 9-26-53, 19___, *and that death occurred at* 1:40P *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: James B. Strachan, Jr., M.D. **(Degree or title)**
**23b. ADDRESS**: 1515 Lafayette Avenue
**23c. DATE SIGNED**: 9-28-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Sept. 29, 1953
**24c. NAME OF CEMETERY OR CREMATORY**: New Pickers Cem.
**24d. LOCATION** (City, town, or county) (State): St. Louis, Missouri.

**DATE REC'D BY LOCAL REG.**: SEP 29 1953
**REGISTRAR'S SIGNATURE**: J. Carl Smith MD
MJS
**25. FUNERAL DIRECTOR'S SIGNATURE**: Leidner Und. Co. **ADDRESS**: 2223 St. Louis Av

(Licensed Embalmer's Statement 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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Paul Wachter.....

Licensed Embalmer No. 4787

P. O. Address St Louis Mo

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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