

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

State File No. **24686**
6504

FILED JUL 26 1954

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

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|---|--|---|--|--|--|--|--|----------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY _____ | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS 2259 | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL | | | | d. STREET ADDRESS (If rural, give location) 25 1002 A CHESTNUT ST | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) BERNARD | | b. (Middle) A | | c. (Last) HORDEMAN | | 4. DATE OF DEATH (Month) (Day) (Year) JULY-14-54 | | | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | | 8. DATE OF BIRTH 1882 | | | |
| 9. AGE (In years last birthday) 72 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INVESTIGATOR | | 10b. KIND OF BUSINESS OR INDUSTRY LA. ROBERTSON | | 11. BIRTHPLACE (City and State or Foreign Country) UNKNOWN | | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A | | 13a. FATHER'S NAME UNKNOWN | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | | 14. NAME OF HUSBAND OR WIFE UNKNOWN | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN | | 16. SOCIAL SECURITY NO. 492-09-4359 | | 17. INFORMANT'S SIGNATURE OR NAME Louis A. Robertson | | ADDRESS 722 Chestnut | | | |
| 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 | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ | | | | DUPLICATE OF (b) Heat Stroke | | | | | |
| ANTECEDENT CAUSES _____ | | | | DUPLICATE OF (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 Accident | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT (Specify) Accident | | 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? E9319 | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. 46 | | | | | | | | | |
| 23a. SIGNATURE Patricia Taylor Corbett | | | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 7.16.54 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE JULY-16-54 | | 24c. NAME OF CEMETERY OR CREMATORY SAVVARY | | 24d. LOCATION (City, town, or county) (State) ST LOUIS MO | | | |
| DATE RECD BY LOCAL REG. JUL 16 1954 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE Paulen Kelly | | ADDRESS 4386 Lindell | | | |

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 James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St Louis

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.