No. 300
10-48

FILED DEC 17 1954

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

State File No. 42471

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11299

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place): 16-days
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): 5 5223 Raymond Ave. 2059 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): PHILIP
b. (Middle): FRANCIS
c. (Last): HORNISH

**4. DATE OF DEATH** (Month) (Day) (Year): DEC. 11, 1954

**5. SEX**: M. 0
**6. COLOR OR RACE**: W.
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): S. 0
**8. DATE OF BIRTH**: unk. unk. 1871
**9. AGE** (In years last birthday): 83 — 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): Retired Tax Agent Burlington R.R.
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): Iowa
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: George Hornish
**13b. MOTHER'S MAIDEN NAME**: Unknown Unknown
**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Mrs. Roberta Noble, Boulder, Colorado

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 clp

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cerebral Thrombosis — 2 weeks
DUE TO (c): Essential Hypertension — 5 yrs

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 ☒ 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?**: 332X

22. *I hereby certify that I attended the deceased from* 11-24-54, 19__, *to* 12-11-54, 19__, *that I last saw the deceased alive on* 12-11-54, 19__, *and that death occurred at* 3:30 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): C. Hecht MD
**23b. ADDRESS**: 1515 LAFAYETTE
**23c. DATE SIGNED**: 12-11-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Dec. 13, 1954
**24c. NAME OF CEMETERY OR CREMATORY**: Oakland Cemetery
**24d. LOCATION** (City, town, or county) (State): Keokuk, Iowa

**DATE REC'D BY LOCAL REG.**: DEC 13 1954
**REGISTRAR'S SIGNATURE**: J. Earl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Arthur J. Donnelly 3840 Pendell Blvd
MJA

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 469

P. O. Address 384 Lime

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.