

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17336

State File No.

BIRTH NO. 41193-55 REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 500 Registrar's No. 1296

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORMANDY</u>		c. LENGTH OF STAY (In this place) <u>34 min</u>	c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORMANDY OSTEOARTHRIC HOSPITAL</u>			e. STREET ADDRESS (If rural, give location) <u>4814 ARSENAL 216 1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Constance</u> b. (Middle) <u>Lee</u> c. (Last) <u>HORINE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 27 1955</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>5-27-55</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>NORMANDY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MICHAEL HORINE</u>		13b. MOTHER'S MAIDEN NAME <u>VIRGINIA COGGINS</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Michael Horine</u> ADDRESS <u>4814 Arsenal</u>			
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>Prolonged Myocardial Cord</u> INTERVAL BETWEEN ONSET AND DEATH <u>34 min</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anomia</u> 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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 <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 <u>8:45 pm 5-27-55</u> to <u>9:15 pm 5-27-55</u> , that I last saw the deceased alive on <u>5-27-55</u> , and that death occurred at <u>9:15 pm</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>In medicine</u> (Degree or title)			23b. ADDRESS <u>6201 Jones Ave</u>		23c. DATE SIGNED <u>5-27-55</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5/28/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS Co. Mo</u>		
DATE REC'D BY LOCAL REG. <u>5/28/55</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Donker, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cullen Kelly 7267 Nutt Bridge</u>			

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

4001

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 No Emb, Student Embalmer No..... working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed James A. Lamm

Licensed Embalmer No. 414

P. O. Address St. Lo

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.