

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31006**
Registrar's No. **8538**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 full name and give township) St. Louis MO		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital # 1		25. STREET ADDRESS 5 No. 9th St			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle)		c. (Last) Horner	
4. DATE OF DEATH (Month) (Day) (Year) 9 6 55		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH abt. 1880 abt 17		9. AGE (in years) (Months) (Days) (Hours) (Min.) abt 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY all		11. BIRTHPLACE (City and State or Foreign Country) Ohio	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Wick		13b. MOTHER'S MAIDEN NAME Wick	
14. NAME OF HUSBAND OR WIFE Wick		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, state part of date of service) Wick		16. SOCIAL SECURITY NO. Wick	
17. INFORMANT'S SIGNATURE OR NAME W. G. Taylor		18. ADDRESS Gr. 1300 Clark		19. MEDICAL CERTIFICATION	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES DUE TO (b) Pneumonia Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) ARTERIO SCLEROSIS			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION W. M. a		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) St. Louis MO MO	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, Mo., from the causes and on the date stated above.					
23a. SIGNATURE Joseph M. Schubert		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9/27/55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9-30-55		24c. NAME OF CEMETERY OR CREMATORY Anatomical Road	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		DATE REC'D BY LOCAL REG. SEP 29 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Rowland-Aker Mortuary Service		ADDRESS 4104 St. Robert Ave. St. Louis 10, Mo.			

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

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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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.