

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31008**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8393**

| | | | | | |
|---|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 8 days | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital | | | e. STREET ADDRESS (If rural, give location) 5058 Arlington Avenue | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Rausch c. (Last) Horton | | | 4. DATE OF DEATH (Month) (Day) (Year) 9 - 23 - 1955 | | |
| 5. SEX Fem | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 9 - 4 - 1883 | 9. AGE (In years last birthday) 72 | 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) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At home | 11. BIRTHPLACE (City and State or Foreign Country) Carlyle, Illinois | | 12. COUNTRY OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Jacob Rausch | | 13b. MOTHER'S MAIDEN NAME Margaret Freant | 14. NAME OF HUSBAND OR WIFE Horace Asa Horton | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clara Lever, 1325 N. Berry Rd. | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia acute; pleural effusion 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. Diabetes mellitus | | | INTERVAL BETWEEN ONSET AND DEATH 17 da. |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 Sept 13, 1955 , to Sept 22, 1955 , that I last saw the deceased alive on Sept 23, 1955 , and that death occurred at 12:15 A. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE John G. McJannet MD (Degree or title) | | | 23b. ADDRESS 5014 Thekla St. Louis | | 23c. DATE SIGNED 9/24/55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 9/26/55 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. |
| DATE REC'D BY LOCAL REG. SEP 24 1955 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd. | |

S. P. (Licensed Embalmer's Statement on Reverse Side)

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

P. 300
P. 48

Dr. McSwainney

5014 Thekla

9:30 - 11
Fri & Sat.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Warren A. Carver*.....

Licensed Embalmer No. 35.....

P. O. Address

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