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Reg.# 13029 SL-937

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42197

State File No.

FILED JAN 6 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11287**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: 915 N. GRAND, ST. LOUIS, MO.		c. CITY OR TOWN: E. ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place): 9 DAYS		• STREET ADDRESS (If rural, give location): 1412A MISSOURI AVENUE \$12.00	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: VETERANS ADMINISTRATION HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) CHRISTOPHER b. (Middle) c. (Last) HORN			4. DATE OF DEATH (Month) (Day) (Year) 12-24-55		
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED	8. DATE OF BIRTH: 12-25-89		9. AGE (In years last birthday) Months Days Hours Min.: 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WATCHMAN		10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN		11. BIRTHPLACE (City and State or Foreign Country): CRYSTAL CITY, MISSOURI	
13a. FATHER'S NAME: ERYANT HORN			13b. MOTHER'S MAIDEN NAME: MARY COLE		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): YES WW I		16. SOCIAL SECURITY NO.: B30 12 3547		17. INFORMANT'S SIGNATURE OR NAME ADDRESS: VA HOSP. RECORDS, ST. LOUIS, MO.	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) COR PULMONALE DUE TO HYPERTENSION OF THE LESSER CIRCULATION		INTERVAL BETWEEN ONSET AND DEATH: 9 mo.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) CHRONIC EMPHYSEMA & PULMONARY FIBROSIS		11 yrs.	
		DUE TO (c) CHRONIC BRONCHITIS		11 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ARTERIOSCLEROTIC HEART DISEASE		Unk.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE		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?:	

22. I hereby certify that I attended the deceased from **12-15**, 1955, to **12-24**, 1955, and that death occurred at **4:45a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Herbert Luicke M.D.		23b. ADDRESS: VAH, 915 N. GRAND, ST. LOUIS, MO.		23c. DATE SIGNED: 12-24-55	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal		24b. DATE: 12/27/55		24c. NAME OF CEMETERY OR CREMATORY: National	
24d. LOCATION (City, town, or county) (State): Jeff. Bks, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: EDW. FENDLER MORTUARY Inc. 5011 So. Grand			

DATE REC'D BY LOCAL REG.: DEC 27 1955		REGISTRAR'S SIGNATURE: <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: EDW. FENDLER MORTUARY Inc. 5011 So. Grand	
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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.....
Signature of Student Embalmer

Signed *Francis J. Wayland Jr.*.....

Licensed Embalmer No. *451*.....

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