

FILED JAN 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42846

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 541	Registrar's No. 2963
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLAYTON Mo</b>	c. LENGTH OF STAY (in this place) township) <b>3 HRS</b>	c. CITY OR TOWN <b>LEMAY</b>	4870	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 <b>St. Louis Co Hosp</b>		e. STREET ADDRESS (If rural, give location) <b>157 W VELMA</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>RICHARD</b>		b. (Middle) <b>O</b>	c. (Last) <b>HORN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec-16-1955</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>OCT 31 1945</b>	9. AGE (In years last birthday) <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STUDENT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HANCOCK SCHOOL</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST LOUIS MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>FRANCIS HORN</b>		13b. MOTHER'S MAIDEN NAME <b>MAMIE HELVEY</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>FRANCIS HORN 157 W VELMA</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HEMORRHAGE</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>RUPTURED LIVER AND VEIN CAVA</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>8124</b>		INTERVAL BETWEEN ONSET AND DEATH
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) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Public Hy.</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>LEMAY ST. LOUIS MO.</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec. 16, 1955 6:27 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Struck by auto</b>		
22. I hereby certify that I attended the deceased from <b>12-16-1955</b> , to <b>12-16-1955</b> , that I last saw the deceased alive on <b>12-16-1955</b> , and that death occurred at <b>9:28 p.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>Wm. G. Daulick M.D.</b>		23b. ADDRESS (City, town, or county) (State) <b>M. Ober S. Brentwood, Clayton 5, Mo.</b>		23c. DATE SIGNED <b>12-17-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12-19-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT HOPE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>LEMAY MO</b>	
DATE REC'D BY LOCAL REG. <b>12-19-55</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Dombard</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>FANDLER UND Co 7420 MICHIGAN</b>		

(Licensed Embalmer's Statement on Reverse Side)

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 *W. G. Peterson*

Licensed Embalmer No. *376*

P. O. Address *7420 Mueh*

**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.**