

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10894

State File No. _____

318

1003

Registrar's No. 2239

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 2239	
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 RURAL and give township) ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place) _____		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 ST. LOUIS CITY HOSPITAL #1.				e. STREET ADDRESS (If rural, give location) 2725 Tamm Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) M.		c. (Last) HORN		4. DATE OF DEATH (Month) (Day) (Year) MARCH 2, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Aug. 24, 1882	
9. AGE (In years last birthday) 73		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) Police Officer (Retired 12 Yrs.)		10b. KIND OF BUSINESS OR INDUSTRY (Retired 12 Yrs.)		11. BIRTHPLACE (City and State or Foreign Country) <input type="radio"/> St. Louis Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph M. Horn		13b. MOTHER'S MAIDEN NAME Mary E. Keller		14. NAME OF HUSBAND OR WIFE Laura Delia Horn			
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 James A. Horn 604 Woodward Dr. Wood R11K-			
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) Intracranial hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 331X		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) _____			
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 2-19 19 56 , to 3-2 19 56 , that I last saw the deceased alive on 3-2 19 56 , and that death occurred at 7:05A m., from the causes and on the date stated above.							
23a. SIGNATURE Robert A. Smith MD				23b. ADDRESS 1515 LAFAYETTE AVE.		23c. DATE SIGNED 3-2-56.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)		24b. DATE 3-5-1956		24c. NAME OF CEMETERY OR CREMATORY Columbia, Mo.		24d. LOCATION (City, town, or county) (State) Columbia, Mo.	
DATE REC'D BY LOCAL REG. MAR 2 1956		REGISTRAR'S SIGNATURE Robert A. Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Richard W. Stover

Licensed Embalmer No.....

P. O. Address.....

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