

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1439

STATE FILE NUMBER

1424

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Homer Phillips</i>				Length of stay in lb <i>12/9</i>		d. STREET ADDRESS (If outside, give location) <i>1814 Cole St.</i>	
3. NAME OF DECEASED (Type or print) First <i>Charles</i> Middle <i>Horn</i> Last <i>Horn</i>				4. DATE OF DEATH Month <i>2</i> Day <i>7</i> Year <i>57</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>Col.</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>8-7-88</i>		9. AGE (In years last birthday) <i>68</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (City and state or country) <i>Miss. / U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Jeff Horn</i>				14. MOTHER'S MAIDEN NAME <i>Georgia ?</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT Address <i>Henrietta Horn - 1814 Cole</i>			
18. CAUSE OF DEATH [Enter only one cause of disease for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE - (a) <i>Extra Biliary Obstruction</i> <i>Cholelithiasis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Pulmonary Oedema</i> DUE TO (c) <i>Cardiac Hypertrophy</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Cardiac Hypertrophy</i>							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>584x</i>				
20c. TIME OF INJURY Hour <i>a. m.</i> Month, Day, Year <i>p. m.</i>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>845A</i> to <i>845A</i> and last saw her/him alive on <i>2-13-57</i> Death occurred at <i>845A</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>James M. Kelly, Deputy</i>				22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>2-13-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>2-18-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oakdale Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo</i>		
24. FUNERAL DIRECTOR ADDRESS <i>A.L. Beal and Co - 4303 Delmar</i>			25. DATE RECD. BY LOCAL B.G. <i>FEB 13 57</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>		

(Licensed Embalmer's Statement on Reverse Side)

Health,
& Welfare
Public
ServiceS. 300
r. 1-56

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *David L. Huff*.....

Licensed Embalmer No. *4800*

P. O. Address *4415 9th*

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.