

FILED NOV 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38596**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **2620**

1. PLACE OF DEATH a. COUNTY St. Louis.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights.		c. CITY OR TOWN 4000 Bellefontaine Neighbors	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) 1 WEEK		e. STREET ADDRESS (If rural, give location) 1111 Avant	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Harry	b. (Middle) Leroy	c. (Last) Hornberger	4. DATE OF DEATH (Month) (Day) (Year) Oct. 21, 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 14, 1919	9. AGE (In years last birthday) 38	10. IF UNDER 1 YEAR Months 0 Days 0	11. IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Credit Manager	10b. KIND OF BUSINESS OR INDUSTRY House Furnishing	11. BIRTHPLACE (City and State or Foreign Country) Perry County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Oscar E. Hornberger	13b. MOTHER'S MAIDEN NAME Dora Mecker	14. NAME OF HUSBAND OR WIFE Irma
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) No. (If yes, give war or dates of service) Nil.	16. SOCIAL SECURITY NO. 488-12-6510	17. INFORMANT'S SIGNATURE OR NAME Irma Hornberger, 1111 Avant.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Posterior Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH
	ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Disease		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Aug 3, 1957**, to **Oct 21, 1957**, that I last saw the deceased alive on **Oct 20, 1957**, and that death occurred at **A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard J. Storkel MD	23b. ADDRESS 4161 Lindell Blvd	23c. DATE SIGNED 10-21-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-21-57	24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery	24d. LOCATION (City, town, or county) (State) Perryville, Missouri.
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DATE REC'D BY LOCAL REG. 10-22-57	REGISTRAR'S SIGNATURE Herbert R. Donkewitz	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

St. Louis, Mo. 63101
 Richard J. Murray, Embalmer
 1111 Olive St.
 St. Louis, Mo. 63101
 Harry Murray, Embalmer
 1111 Olive St.
 St. Louis, Mo. 63101
 Oscar E. Murray, Embalmer
 1111 Olive St.
 St. Louis, Mo. 63101

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 *Robert M. Murray*
 Licensed Embalmer No. 374
 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.

12-18-01