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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011782
STATE FILE NUMBER 2973

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2973

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY SAINT CLAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. CITY OR TOWN E. ST. LOUIS 8120	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) 1080 COOK	
3. NAME OF DECEASED (Type or print) First Middle Last RICHARD HORNE		4. DATE OF DEATH MONTH DAY YEAR MARCH 12, 1958	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/11/97
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OTLER		10b. KIND OF BUSINESS OR INDUSTRY Darling fertilizer Co.	11. BIRTHPLACE (City and state or country) MATHERSVILLE, MISS.
13a. FATHER'S NAME GRANT HORNE		13b. MOTHER'S MAIDEN NAME MARTHA FALKNER	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-1		16. SOCIAL SECURITY NO. 348-05-5498	17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE DUE TO (b) RHEUMATIC HEART DISEASE DUE TO (c) - - - - 416x-			INTERVAL BETWEEN ONSET AND DEATH 7 WEEKS UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROTIC HEART DISEASE			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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. attended the deceased from 3/9/58 to 3/12/58 and last saw him alive on 3/12/58 Death occurred at 11:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Arthur Greenbank M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 3/13/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/14/58	
23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
24. FUNERAL DIRECTOR Marion's Office		25. DATE RECD. BY LOCAL REG. MAR 14 58	
ADDRESS 2114 Mo. Ave. E. St. Louis, Ill.		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. M. J. B.	

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 *Frank Prokop*

Licensed-Embalmer No. *4356*

P. O. Address *St. Louis, Mo.*

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.