

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034343

STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9136

| | | | | | |
|--|------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis 12, Mo. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Clayton 5,445 ^{1/2} | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 32 St. Lukes Hosp. | | Length of stay in 1b 13 Days | d. STREET (If outside, give location) ADDRESS 27 64 Broadview Dr. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last MR. WESLEY WINANS HORNER | | | 4. DATE OF DEATH Month Day Year September 22, 1958 | | |
| 5. SEX M. c | 6. COLOR OR RACE W. | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 22, 1883 | 9. AGE (In years) 75 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) Civil Engineer | | 10b. KIND OF BUSINESS OR INDUSTRY Horner & Shifrin | 11. BIRTHPLACE (City and state or country) Columbia, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME William A. Horner | | 13b. MOTHER'S MAIDEN NAME Minerva Winans | | 14. NAME OF HUSBAND OR WIFE Elinor Hall Horner | |
| 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. | 17. INFORMANT Richard W. Horner #10 Fair Oaks Address | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cancer of prostate</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 177x | | | | | INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 years</i> |
| 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.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <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>3-30-58</i> to <i>Sept 22 58</i> and last saw him alive on <i>Sept 21 58</i> Death occurred at <i>3:02 am</i> m of the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>Harold B Grant M.D.</i> (Degree or title) | | | 22b. ADDRESS <i>114 N. Taylor Ave</i> | | 22c. DATE SIGNED <i>9-22-58</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | | 23b. DATE <i>Sept 22, 1958</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Crematory</i> | | 23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i> |
| 24. FUNERAL DIRECTOR <i>Alexander & Sons, Inc. 6175 Delmar</i> ADDRESS | | | 25. DATE RECD. BY LOCAL REG. <i>SEP 22 58</i> | 26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Joseph E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6175 Dillon*

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.