

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045830

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. ....

318

Primary Registration District No. ....

1003

Registrar's No. ....

12064

300  
1-57

|   |                                  |   |  |  |  |
|---|----------------------------------|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>ST. LOUIS, MO.</b>  |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>St. Louis</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                       |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSP #1</b>  |                                  | Length of stay in 1b<br><b>1</b>  | d. STREET ADDRESS (If outside, give location)<br><b>189 1412 So Compton</b>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| 3. NAME OF DECEASED (Type or print)<br>First <b>EDWIN</b> Middle Last <b>HORTON</b>   |                                  |   | 4. DATE OF DEATH<br>Month <b>DEC. 14,</b> Day <b>1958</b> Year   |  |  |
| 5. SEX<br><b>Male</b> <input checked="" type="checkbox"/>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Nov 28 1880</b>   | 9. AGE (In years last birthday)<br><b>78</b>                             | IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Chauffer</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Police Dept</b>   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis Mo</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |
| 13a. FATHER'S NAME<br><b>W Edwin Horton</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth Reese</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Charlotte Jones Horton</b>             |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT Address<br><b>Charlotte Horton 1412 So. Compton</b>        |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Paternal Bicuspid Aortic Regurgitation</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Generalized Atherosclerosis</b><br>DUE TO (c) <b>450.0</b> |                                  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                                  |   |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b> |
| 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<br>Hour Month, Day, Year<br>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 <b>12/7/58</b> , to <b>12/14/58</b> and last saw her alive on <b>12/14/58</b><br>Death occurred at <b>3:45 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |  |  |  |
| 21a. SIGNATURE (Degree or title)<br><i>Joseph P. Rebbert</i>  |                                  | 22b. ADDRESS<br><b>1515 LAFAYETTE AVE.</b>  |  | 22c. DATE SIGNED<br><b>12/14/58</b>                                      |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>Dec 17, 58</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Grove</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis Cty Mo</b> |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>E. J. Schnur 3125 Lafayette</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>DEC 15 58</b>  | 26. REGISTRAR'S SIGNATURE<br><i>Carl Smith</i><br><b>ms.</b>   |  |  |

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 *Thomas R. Ferwick* .....

Licensed Embalmer No. *3793* .....  
P. O. Address *3125 Lafayette* .....

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.