

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011605

STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 699

300
1-57
73

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH COUNTY ST. LOUIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton 5, Mo. | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA County Hosp. | Length of stay in lb | d. STREET ADDRESS (If outside, give location) 2920 Eads Ave., | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | |
|---|----------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or print) First Eva Middle E. Last Horlivy | | | 4. DATE OF DEATH Month Mar. Day 15, Year 1959 | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 10, 1908 | 9. AGE (In years last birthday) 50 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. Receptionist | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Illinois | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Hubert Corder | | 13b. MOTHER'S MAIDEN NAME Cora Southerland | | 14. NAME OF HUSBAND OR WIFE Albert C. Horlivy | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | | 16. SOCIAL SECURITY NO. 498-10-6627 | 17. INFORMANT Address Albert C. Horlivy 2920 Eads Ave., | | |

| | | |
|---|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe acute chest trauma with massive intrathoracic hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH |
| 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) | | |
| 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"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Passenger in car operated by her husband which was involved in a collision with another car |
| 20c. TIME OF INJURY 6:30 p.m. 3/15/59 | 400 |

| | | | | |
|--|---|--|----------------------------|---------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 35 highway | 20f. CITY, TOWN, OR LOCATION Rural | COUNTY St. Louis | STATE Mo. |
| 21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 630 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | |

| | | |
|---|-------------------------------------|------------------------------------|
| 22a. SIGNATURE <i>John E. Murphy</i> (Degree or title) Coroner | 22b. ADDRESS Clayton, Mo. | 22c. DATE SIGNED 3/19/59 |
|---|-------------------------------------|------------------------------------|

| | | | |
|---|-----------------------------|--|--|
| 23a. BURIAL, CREMATION, or RENOVAL (Specify) burial | 23b. DATE 3-19-59 | 23c. NAME OF CEMETERY OR CREMATORY National Cemetery | 23d. LOCATION (City, town, or county) (State) Jefferson Brks., Mo. |
|---|-----------------------------|--|--|

| | | |
|---|--|---|
| 24. FUNERAL DIRECTOR Southern Funeral Home Address 6322 S. Grand, St. Louis, Mo. | 25. DATE RECD. BY LOCAL REG. 3-17-59 | 26. REGISTRAR'S SIGNATURE <i>John E. Murphy M.D.</i> |
|---|--|---|

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Levin W. Gossan*

Licensed Embalmer No. *4242*

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.