

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015140

STATE FILE NUMBER

Registered No. **2 4257**

FILED MAY 14 1959

Registration District No. _____ Primary Registration District No. _____

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Granite City
c. FULL NAME OF (If NOT in hospital, give location) St. Louis Children's Hospital		Length of stay in 1b 2 hours	d. STREET ADDRESS (If outside, give location) 3002 A East 23rd
3. NAME OF DECEASED (Type or print) Terry Dale Hormann			4. DATE OF DEATH Month April Day 29 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 27, 1959
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 3 IF UNDER 1 YEAR: Months 3 Days 0 Hours 0 Min. 0 IF UNDER 24 HRS. 0
11. BIRTHPLACE (City and state or country) Granite City, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Leonard Eugene Hormann		13b. MOTHER'S MAIDEN NAME Norman DeGonia	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	
16. SOCIAL SECURITY NO. None		17. INFORMANT Address Jane Henrichsen-560 S. Kingshighway	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ATRETIC AORTIC VALVE DUE TO (b) ATRIO-VENTRICULAR COMMUNIS PATENT FORAMEN OVALE PATENT DUCTUS ARTERIOSUS DUE TO (c) 754-1 PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ABSENCE OF GALL BLADDER			INTERVAL BETWEEN ONSET AND DEATH
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 _____ o.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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.)	
21. I attended the deceased from Death occurred at 4-29-59 4:00pm		20f. CITY, TOWN, OR LOCATION COUNTY STATE 4-29-59 4-29-59 4-29-59	
22a. SIGNATURE Richard Spitz M.D. (Degree or title)		22b. ADDRESS 500 S. Kingshighway	
22c. DATE SIGNED 4-29-59		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removed		23b. DATE 4-30-59	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Granite City, Illinois	
24. FUNERAL DIRECTOR ADDRESS Henry J. Pieper Granite City, Ill.		25. DATE RECD. BY LOCAL REG. APR 30 '59	
		26. REGISTRAR'S SIGNATURE Richard Spitz M.D.	

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 Not Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Henry Dieper

Licensed Embalmer No.

P. O. Address Granite City,

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.