Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015141

STATE FILE NUMBER 23236

FILED APR 20 1959

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis Mo. — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 4045 Blaine Ave — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4045 Blaine Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: John — Middle: — Last: Hornberger

4. DATE OF DEATH: Month: march — Day: 30 — Year: 1959

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Dec 12 1901

9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months: 3 Days: 18 — IF UNDER 24 HRS.: Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Receiving Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Home Products

11. BIRTHPLACE (City and state or country): Sparta Ill

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John A Hornberger

13b. MOTHER'S MAIDEN NAME: Louise Grosch

14. NAME OF HUSBAND OR WIFE: Betty Hornberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 49003 7283

17. INFORMANT: Mrs. Betty Hornberger — Address: 4045 Blaine 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): Carcinoma of rt. lung — Carcinoma of Right lung — INTERVAL BETWEEN ONSET AND DEATH: 9 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): 163X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): cirrhosis of liver — cirrhosis of liver

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

MEDICAL CERTIFICATION

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 August 1958 to 3/30/59 and last saw her/him alive on 2/5/59. Death occurred at 7:50 pm 7:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Martin Bergmann (Degree or title) M.D. — Martin Bergmann MD

22b. ADDRESS 4500 Olive — 4500 Olive St

22c. DATE SIGNED: 3/31/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: April 2 1959

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis Mo.

24. FUNERAL DIRECTOR — ADDRESS: Cullinane Bros. 3320 N. Kingshighway

25. DATE RECD. BY LOCAL REG.: APR 1 '59

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

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 Lawrence O. Herling

Licensed Embalmer No. 4979

P. O. Address St. Louis

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.