URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-034793

FILED VS SEP 28 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2503

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy — Length of stay in 1b 11 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Normandy Osteopathie Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Jennings — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 8801 Scottdale — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HAZEL Middle ANN Last HORNER

4. DATE OF DEATH Month Sept. Day 19 Year 1959

5. SEX female
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4/12/1901
9. AGE (last birthday) 58 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (City and state or country) St. Charles Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Haynes
13b. MOTHER'S MAIDEN NAME Not Known
14. NAME OF HUSBAND OR WIFE Roy Horner

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. 493-24-9670
17. INFORMANT Address Roy Horner 8801 Scottdale

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Acute Periphero-Vascular collapse

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Overwhelming Toxemia
DUE TO (c) 1st, 2nd & 3rd degree burns of 90% of body surface

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Subject was cleaning paint brushes in basement of home with benzine near an open flame on a gas water heater when benzine fumes exploded and set fire to her clothing
20c. TIME OF INJURY 2:10 Hour ~~a.m.~~ p.m. Month, Day, Year 9/7/59
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.) basement of home
20f. CITY, TOWN, OR LOCATION Jennings COUNTY St. Louis STATE Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Raymond Haines Coroner
22b. ADDRESS Clayton, Mo.
22c. DATE SIGNED 9/22/59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 9/21/59
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) St. Louis County (State) MMo.

24. FUNERAL DIRECTOR Buchholz Mortuary ADDRESS 5967 W. Florissant
25. DATE RECD. BY LOCAL REG. 9-18-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Stanley H. Dip

Licensed Embalmer No. 4193

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.