URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS FEB 25 1960

-60-008374

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1012

ENDED

1. PLACE OF DEATH
a. COUNTY ~~St. Louis~~

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis ~~Crestwood, Missouri~~

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: 4 days

c. CITY OR TOWN Crestwood — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin DesLoges Hospital — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1040 Sanders Dr. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: WILLIAM Middle: J. Last: HORN

4. DATE OF DEATH Month: JAN Day: 26 Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 8-23-1892

9. AGE (last birthday): 67 — 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): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Postal Service

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Jacob Horn

13b. MOTHER'S MAIDEN NAME: Johanna Martin

14. NAME OF HUSBAND OR WIFE: Verna Horn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW#1

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Edward Horn — Address: Above

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): BILATERAL PNEUMOTHORAX — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

DUE TO (b): CONSTRICTAVE PERICARDITIS

DUE TO (c): OBSTRUCTIVE EMPH.

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

O.K. Jay Smith Dyng Cor

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 527.1

2-3-60

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

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.)

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 Jan 26, 60 4:00 PM to Jan 26, 1960 5:30 PM and last saw him alive on 5:30 PM Jan 26

Death occurred at Jan 26, 1960 5:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. L. Bolton M.D.

22b. ADDRESS: Firmin DesLoges Hosp

22c. DATE SIGNED: 1/28/60

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

23b. DATE: 1-30-60

23c. NAME OF CEMETERY OR CREMATORY: Resurrection

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

24. FUNERAL DIRECTOR — ADDRESS: JAYB. SMITH, Maplewood, Mo.

25. DATE RECD. BY LOCAL REG.: JAN 28 1960

26. REGISTRAR'S SIGNATURE: Earl Smith. M.D.

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address [illegible]

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