URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-025345

FILED VS JUN 20 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1710

STATE FILE NUMBER

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: 7 da.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Normandy Hosp. — Inside Limits: Yes ☑ No ☐

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

3. NAME OF DECEASED (Type or print): First Daisy — Middle — Last Horneker

4. DATE OF DEATH: Month May Day 28 Year 1960

5. SEX: F

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: Nov 21. 1882

9. AGE (last birthday): 77 — 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: —

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

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Powell Gudermuth

13b. MOTHER'S MAIDEN NAME: Sarah Maxwell

14. NAME OF HUSBAND OR WIFE: Emil Horneker

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.: none

17. INFORMANT: Emory Johnson, Address: St. Louis Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: Seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Insufficiency — 2 yrs
DUE TO (c): Coronary Schlerosis.

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

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 5/30/60, to 5/28/60 and last saw her alive on 5/28/60
Death occurred at 4:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William D McGowan S.D.

22b. ADDRESS: 7811 Carondelet, Clayton

22c. DATE SIGNED: 5/29/60

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

23b. DATE: June 1 '60

23c. NAME OF CEMETERY OR CREMATORY: Pacific

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

24. FUNERAL DIRECTOR: Mrs. John L. Thielies, ADDRESS: Pacific Mo

25. DATE RECD. BY LOCAL REG.: 5-31-60

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

US AUG 24 1960

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_____ Signed Ralph Ottmann
Signature of Student Embalmer

Licensed Embalmer No. 4808

P. O. Address Union M

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