

REC'D SEP 12 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

 27346
 Do not use this space.

1. PLACE OF DEATH

 (a) County
 (b) Township
 (c) City St. Louis
 (d) Street No. 3926 DeTonty St
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
Registration District No. 7911008

Primary Registration District No.

Registered No. 7360

2. PRINT FULL NAME

Charles W. Horn
 (a) Residence, No. 3926 DeTonty St St. 17
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie Horn		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9 1874		
7. AGE YEARS 64	MONTHS 5	DAYS 9
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as saw mill, bank, etc.		Cashier
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
13. NAME Ben F. Horn		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
15. MAIDEN NAME Amelia Weber		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
17. INFORMANT (ADDRESS) Lillie Horn 3926 DeTonty St		
18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn Cemetery DATE August 20 1938		
19. FUNERAL DIRECTOR (ADDRESS) Peetz Brothers 3029 Lafayette Ave		
20. FILED AUG 19 1938		

MEDICAL CERTIFICATE OF DEATH

 21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 18 1938**, 19
 22. I HEREBY CERTIFY, That I attended deceased from June 5-37, 1937 to Aug 18, 1938
 Last saw him alive on Aug 17, 1938, 1938 Death is said to have occurred on the date stated above, at 8:45 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Chr Interstitial Nephritis

 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

 Manner of injury
 Nature of injury

 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Chronic Myocarditis
 (Signed) Chas. Hansen, M. D.
 (Address) 3157^a Park W

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Frank J. Owens Licensed Embalmer No. 2245

hereby certify that the body recorded on the reverse side of this certificate was embalmed by mg

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed: Frank J. Owens

Licensed Embalmer No. 2245

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.)