

FILED AUG 8 1941

Registration District No. 789

Primary Registration District No. 117

Registrar's No. 1573

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
300 CHESTNUT STREET  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 60 YRS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS  
(c) City or town WEBSTER GROVES 96  
(If outside city or town limits, write "RURAL")  
(d) Street No. 300 CHESTNUT ST. 7  
(If rural, give location) 5  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country — 0

3. (a) PRINT FULL NAME LOUISA SOPHIA HORCH

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife LOUIS HORCH 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JUNE-14<sup>th</sup> - 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 1 13 — hr. — min.

9. Birthplace HERMAN MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name NICHOLAS FLEUTSCH

13. Birthplace UNKNOWN SWITZERLAND  
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH HEITZ

15. Birthplace UNKNOWN SWITZERLAND  
(City, town, or county) (State or foreign country)

16. (a) Informant G. Horch

(b) Address 436 Park Ave Webster

17. (a) BURIAL (b) Date thereof JULY-29-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker and co

(b) Address WEBSTER GROVES, MO

19. (a) JUL 29 1941 (b) W. M. M. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27  
year 1941 hour \_\_\_\_\_ minute A.M.

21. I hereby certify that I attended the deceased from Dec. 4, 1940  
1940 to July 27, 1941  
that I last saw her alive on July 26, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneracy Duration 12/4/40  
7/27/41

Due to 93h  
Due to \_\_\_\_\_

Other conditions Arteriosclerosis 10-15 yr  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Arthur W. Westrup (M. D. —)

Address Webster Groves, Mo. Date signed 7-29-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Lois Aldrich

Licensed Embalmer No. 1332

P. O. Address Bellevue, Iowa

**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 this body is not embalmed, fact should be so stated above.**