

FILED JUN 12 1944

Registration District No. 6077

Primary Registration District No. 6076

Registrar's No. 1214

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

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. 5/16/44
(Specify whether
In this community unknown.
years, months or days)

3. (a) PRINT FULL NAME Van Horn, Frank E.

3. (b) If veteran, name war World War #1 3. (c) Social Security No. Yes-not remembered

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband~~ wife Mrs. Bertha Van Horn 6. (c) Age of ~~husband~~ wife if alive 46 years

7. Birth date of deceased May 15, 1895
(Month) (Day) (Year)

8. AGE: Years 49 Months 0 Days 15 If less than one day hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Cooper.

11. Industry or business -

12. Name Frank Van Horn

13. Birthplace Philadelphia, Penna.
(City, town, or county) (State or foreign country)

14. Maiden name Carrie Listman

15. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schellig

(b) Address Clinical Clerk, VAF, Jeff. Brks., Mo

17. (a) Burial (b) Date thereof 6-2-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery, Jefferson Barracks, Mo.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co

(b) 7814 South Broadway, St. Louis, Mo.

19. (a) JUN 2 - 1944 (b) E. J. Mc Gowan, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8025 Zelle Street.
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th,
year 1944 hour 6:05 minute P. M.

21. I hereby certify that I attended the deceased from May 16, 19 44 to May 30, 19 44
that I last saw h. im alive on May 30, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death TUBERCULOSIS, PULMONARY, CHRONIC, ACTIVE, FAR ADVANCED. FISTULA, DRAINING, RIGHT LOWER CHEST WALL (TUBERCULOUS).
Duration Unkn.
Unkn.

Other conditions NEURO-CIRCULATORY ASTHENIA, Unkn.
(Include pregnancy within 3 months of death)

FAIR TOLERANCE WITH TACHYCARDIA. PHYSICIAN

Major findings: No operation.

Of operations _____
Of autopsy No autopsy.

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

(a) Accident, suicide, or homicide (specify) no

(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?
(Specify type of place) _____
While at work? _____ Means of injury _____

23. Signature L.M. COCHRAN, LT. COL. M.C. (M. D. or other) _____

Address CHIEF MEDICAL OFFICER Date signed 5/31/44

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.....

Lewis C. Hoffmeister Registered Apprentice No.....
working under my personal supervision.

Signed... *Lewis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

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.