

No. 2
4-5-43
5-17-39
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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED MAR 27 1946 **STANDARD CERTIFICATE OF DEATH**

10823

Registration District No. 317 Primary Registration District No. 6076 State File No. _____ Registrar's No. 674

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town Lemay, Missouri
(c) Name of hospital or institution:
128 East Etta /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lemay 96
(c) City or town St. Louis 0
(If outside city or town limits, write "RURAL")
(d) Street No. 128 E. Etta, 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT Fannie K. Van Horn
FULL NAME
3. (b) If veteran, None name war
3. (c) Social Security None No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 20, year 1946 hour 8:30 minute _____ M.

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

21. I hereby certify that I attended the deceased from MAR 1, 1946, to MARCH 20, 1946, that I last saw her alive on MARCH 19, 1946, and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 8, 1873
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis Duration 6 hrs

8. AGE: Years 72 Months 3 Days 12 If less than one day _____ hr. _____ min.

Due to Ch. Hypertensive Disease Several
Due to _____ years

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

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation None

Major findings: 93d
Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name Theodore Burger

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

13. Birthplace Germany
(City, town, or county) (State or foreign country)
Katherine Kirk (City, town, or county) (State or foreign country)

14. Maiden name Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mr. Le Roy Van Horn
(b) Address Waterloo, Ill.

17. (a) Burial (b) Date thereof 3-22-46
(City or town) (County) (State) (Year)
(c) Place: burial or cremation Sunset Hill Cem.

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.,

19. (a) 3/21/46 (b) W. Gavran
(Date received local registrar) (Registrar's signature)

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 Owen J. Gorman (M. D. or other) 740
Address 7606 Michigan Date signed 3/20/46

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

9703

707

MAR 27 1946

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 J. W. Dinkley
Licensed Embalmer No. 3653
P. O. Address St. Louis, Mo.

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.