

FILED NOV 12 1946 318

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

100

Registrar's No. 9321

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
DePaul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2 weeks  
(Specify whether  
In this community 22 years  
years, months or days)

3. (a) PRINT FULL NAME GLADYS M HORTTER

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Charles F. Hortter 6. (c) Age of husband or wife if alive 34 yrs

7. Birth date of deceased. July 21 1914  
(Month) (Day) (Year)

8. AGE: Years 32 Months 3 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Villa Ridge Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

12. Name James Dorris

13. Birthplace Thompsonville Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Williams

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

16. (a) Informant Charles F. Hortter

(b) Address Lutesville, Missouri

17. (a) Burial (b) Date thereof Nov. 1, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Suedmeyer & Son's

(b) Address 3934 North 20th street

19. (a) Uhl (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9  
(c) City or town Lutesville  
(If outside city or town limits, write "RURAL") NR 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29  
year 1946 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 22, 1946 to Oct 29, 1946  
that I last saw her alive on Oct 29, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic cardiac valvular disease - mitral stenosis  
Due to rheumatism

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 0  
23. Signature Henry C. Westerman (M. D. or other) M. D.  
Address 2136 E. Grand Blvd Date signed 10/30/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

34052

OCT 31 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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed A. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20 St

**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.**