

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39337  
State File No. \_\_\_\_\_  
Registrar's No. 10044

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Das</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>5800 Arsenal St. Louis 17</i>	
c. LENGTH OF STAY (in this place) <i>28yr. 9mo</i>		d. STREET ADDRESS (If rural, give location) <i>5800 Arsenal</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>City Infirmary</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Belle</i> b. (Middle) c. (Last) <i>Stryker</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>11 21 49</i>		
5. SEX <i>FEMALE</i>		6. COLOR OR RACE <i>WHITE</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	
8. DATE OF BIRTH <i>1865 aft</i>		9. AGE (In years last birthday) <i>84</i>		10. IF UNDER 1 YEAR Months Days Hours Mts.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOME</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>OHIO</i>	
12. CITIZEN OF WHAT COUNTRY? <i>1</i>		13a. FATHER'S NAME <i>EDWARD HORN</i>		13b. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Charles Pieber</i>		ADDRESS <i>505 St. Louis</i>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <i>Arteriosclerotic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1yr.</i>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <i>Disease</i>			
		DUE TO (c) <i>Generalized Arteriosclerosis</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>97</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>4200</i>	

22. I hereby certify that I attended the deceased from *May 1, 1948* to *Nov. 21, 1949*, that I last saw the deceased alive on *Nov. 21, 1949*, and that death occurred at *2:35 A.M.* from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Masao Ohmori M.D.</i>		23b. ADDRESS <i>5800 Arsenal</i>		23c. DATE SIGNED <i>11/21/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>11-23-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Peter's</i>	
		24d. LOCATION (City, town, or county) (State) <i>St. Louis CO.</i>			

DATE REC'D BY LOCAL REG. <i>NOV 22 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Pasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wrethman Hanel</i>	
				ADDRESS <i>1905 Union</i>	

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

*md*

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address.....

**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.**