

Registration District No.

17907

Primary Registration District No.

Registrar's No.

8720

1. PLACE OF DEATH:

1008 NOV 13 1939
 (a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5814 Page
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution one day
 (Specify whether _____)

In this community _____
years, months or days8. (a) PRINT FULL NAME Horn - Shelley - Sarah Jane8. (b) If veteran,
name war _____8. (c) Social Security
No. _____4. Sex Female
5. Color or race White6. (a) Status: widowed, married,
divorced Divorced6. (b) Name of husband or wife
Edward G. Sullivan6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased 8
(Month)22
(Day)1859
(Year)8. AGE: Years _____ Month _____ Days 26
If less than one day _____ hr. _____ min.9. Birthplace Bonne Terre, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry M. Jones13. Birthplace W. Va.
(City, town, or county) (State or foreign country)14. Maiden name Louise B. Ammon15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Blouise E. Horn(b) Address 4122 W. A. Glendon17. (a) Burial (b) Date thereof 10-15-1939
(Burial, cremation, or removal) (Month) (Year)(c) Place: burial or cremation Bonne Terre Mo. Richardson Cemetery18. (a) Signature of funeral director Death Center Mortuary(b) Address 4074 Lindell Blvd.19. (a) OCT 14 1939
(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St. Louis 6
 (If outside city or town limits, write "RURAL")
 (d) Street No. 45716 Page
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13,
year 1939 hour 12:05 P.M. minute _____ M.21. I hereby certify that I attended the deceased from Feb 16 - 1935
_____, 19____, to Oct 13, 1939;that I last saw her alive on Oct 13, 1939;

and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis Myocarditis
Chronic Asthma Duration
July 1939Due to Chronic Asthma all her
life

Due to _____

Other conditions _____

(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 Dr. G. A. Schmucker (M. D. or other) _____
Address 502 N. Taylor Date signed Oct 14

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

Jack H. Linder

Licensed Embalmer No. *4110*

P. O. Address

4024 Linden St. Louisville, Ky.

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, above space should be left blank.