

FILED APR 6 1948

1003

Registration District No. **1003**

Primary Registration District No. _____

Registrar's No. **2671**

1. PLACE OF DEATH:

(a) County **St. Louis Mo**
 (b) City or town **St. Louis Mo**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6001 Eitman Ave
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Margaret E Horn**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Divorce**
 6. (b) Name of husband or wife **Allen**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **June 7 1872**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	9	15	_____ hr. _____ min.

9. Birthplace **Farmington Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **at Home**

MOTHER FATHER
 12. Name **Thomas Santee**
 13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
 14. Maiden name **Harriet Hebbets**
 15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Estelle Mackley**
 (b) Address **6001 Eitman Ave**
 17. (a) **Burial** (b) Date thereof **3 24 45**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Farmington Mo**

18. (a) Signature of funeral director **Kriegshauser**
 (b) Address **4228 So. Kingshighway**
MAR 24 1948
 19. (a) **J. F. Meduck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **6 001 Eitman**
(If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **22**
 year **1948** hour **12 Noon** minute _____ M.
 21. I hereby certify that I attended the deceased from **1 2**, 19**48** to **3 22**, 19**48**
 that I last saw her alive on **3 22**, 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis - Acute** Duration **6 mo.**
 Due to **Gastricoma of Oesophagus Highways 2 1/2 yrs**
 Due to **55**
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: **Removal of Oesophagus "kuff"**
 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) **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?
 While at work? _____
(Specify type of place) Means of injury _____

23. Signature **Julius C. Ralke** (M. D. or other) **M.D.**
 Address **2603 Cherokee St** Date signed **3/23/48**

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

Dr. P. New
2603 & Chen Ave
3-5

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 *Clavin D McReynolds*

..... Licensed Embalmer No. *3024*

..... 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.