WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD 2 - 3 p.m.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16974

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4937

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis, Mo. (No. 3005 Lafayette St. ..... Ward)

2. FULL NAME Henry J. Homann

(a) Residence. No. 3005 Lafayette St., 17 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bertha Mueller

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 12-1858

7. AGE: YEARS 69 | MONTHS | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Homann Saddlery Co.
(b) General nature of industry, business, or establishment in which employed (or employer): His Own
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: unk Homann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Bertha Mueller
(Address) 3005 Lafayette Ave

15. FILED MAY 26 1927 19 Max C. Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 25 - 1927

17. I HEREBY CERTIFY, That I attended deceased from May 16, 1926, to May 25, 1927 that I last saw him alive on May 25, 1927, and that death occurred, on the date stated above, at 1.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage (apoplexy)
77 (duration) ..... yrs. ..... mos. 37 ds.

CONTRIBUTORY (SECONDARY): Arterio sclerosis
74 a1 (duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Hom E

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Examination

5/25 (Signed) Alois E. Turek, M. D
, 1927 (Address) 3014 Jefferson

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New St. Marcus Cem
DATE OF BURIAL: 5-27 1927

20. UNDERTAKER: Peetz Bros 3029
ADDRESS: Lafayette