R 10 1939 REC'D MAY 11 1939

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

Do not use this space. 0

16130

1. PLACE OF DEATH
County St Louis — Registration District No. 784 — File No.
Township — Primary Registration District No. 111 — Registered No. 652
City Richmond Heights (No. St Mary's Hospital St. Ward)

2. FULL NAME Infant Homburg
(a) Residence, No. 1117 Deleware Ave., St., Ward Wellston, Mo.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 9, 1939
7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Mary's Hospital

FATHER
13. NAME: Henry William Homburg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): 1117 Delaware St Louis County

MOTHER
15. MAIDEN NAME: Elizabeth Cecile McDonagh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Roscommon Ireland

17. INFORMANT (ADDRESS): Hemry Homburg 1117 Delewarw Ave.,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE April 10/39.
19. UNDERTAKER (ADDRESS): Jos. W. Clark 1125 Hodiamont Ave.
20. FILED APR 10 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 9, 1939
22. I HEREBY CERTIFY, That I attended deceased from at birth to ___, 19___
I last saw h___ alive on ___, 19___ Death is said to have occurred on the date stated above, at 5 01/4 m.
The principal cause of death and related causes of importance were as follows:
Still Born — Date of onset
Other contributory causes of importance:
Premature
Parental Separation
Name of operation ___ Date of ___
What test confirmed diagnosis? ___ Was there an autopsy? No.
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___
Where did injury occur? ___ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ___
Nature of injury ___
24. Was disease or injury in any way related to occupation of deceased? ___
If so, specify ___
(Signed) [signature], M. D.
(Address) 6125 Beethner

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.

No embalming body, #I66I.

Jas. M. Clark.
II25 Hodiamont Ave.,
St. Louis, Mo.