

Registration District No. 791
1008

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3317-A South 7th, Street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Caroline Hommelson, 5471

8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jacob Hommelson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 27th, 1868.
(Month) (Day) (Year)

8. AGE: Years <u>71</u>	Months <u>3</u>	Days <u>17</u>	If less than one day hr. _____ min. _____
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9. Birthplace Unknown Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown Switzerland.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Switzerland.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Walter Seiger

(b) Address 9315^a 17th St.

17. (a) Burial (b) Date thereof October 17, 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul Cem.

18. (a) Signature of funeral director Ziegler Bros.

(b) Address OCT 17 1939 2623 Cherokee Street.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town Saint Louis, 124
(If outside city or town limits, write "RURAL")
(d) Street No. 3317-A South 7th, Street.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14th,
year 1939. hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pyelocystitis
Arteriosclerosis Duration _____

Due to _____

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) Manner of injury _____

23. Signature Joseph M. Seiger (M. D. or other) _____

Address Deputy Registrar

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

MARGIN RESERVED FOR BINDING

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.

Rev. 6-17-39
FORM 6-17-39
1939

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 VE Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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.