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FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12493

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2923

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County.....
(c) City or town Edwardsville
(If outside city or town limits, write "RURAL")
(d) Street No. 319 South Benton
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

3. (a) PRINT FULL NAME Velma Laura Hommert

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex F 5. Color or race WH 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased June 14 1923
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 9 17 hr. min.

9. Birthplace Edwardsville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business.....

12. Name Henry Hommert

13. Birthplace Madison Co. Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Belma Bushuermann

15. Birthplace Worden Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Hommert

(b) Address Edwardsville, Ill.

17. (a) Removal (b) Date thereof 4/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edwardsville, Ill.

18. (a) Signature of funeral director Albert H. Koppe
(b) APR - 2 1941 4700 Washington Ave.

19. (a) APR - 2 1941 (b) J. H. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1941 hour 9 minute 07 a.m.

21. I hereby certify that I attended the deceased from February 20, 19 41 to April 1, 19 41
that I last saw her alive on April 1, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration
Embolus
Subacute Bacterial Endocarditis

Other conditions Rheumatic Heart Disease
(Include pregnancy within 3 months of death) MI, MS, A.E.

Major findings: Cardiac Decompensation
Of operations.....
Of autopsy As above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None
(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 John H. Mayer Jr. (M. D. or MD)
Address BARNES HOSPITAL Date signed 4-1-41

10/11/11
M. J. Wilkin

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..... *Guy W. Wilkinson*

Licensed Embalmer No..... *3575*

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.