

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

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26390

DEC 22 1941

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37240

State File No.

Registrar's No. 9470

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Mos. 1 Day
(Specify whether
In this community 16 yrs.
years, months or days)

3. (a) PRINT FULL NAME Homer Addison

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced: Married

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

7. Birth date of deceased August 26, 1894
(Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days 30 If less than one day hr. min.

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

10. Usual occupation Welder

11. Industry or business Welding Company

12. Name Frank Addison

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

14. Maiden name Mathilda McCoy

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

16. (a) Informant Removal
(b) Address St. Louis City Hospital #1

17. (a) Removal (b) Date thereof Nov 26 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill.
Chas Burke
(d) Signature of funeral director J. J. Bredbeck
(e) Address East St. Louis, Ill.
NOV 29 1941 (Date of record registration) (f) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100
(c) City or town St. Louis 22 19
(If outside city or town limits, write "RURAL")
(d) Street No. 821a Hickory St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25, year 1941 hour 8:10 minute --- P. M.

21. I hereby certify that I attended the deceased from April 24, 1941 to November 25, 1941.

that I last saw him alive on November 25, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis
Duration

Due to
Due to

Other conditions: 13th
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy Refused. 73

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?

(Specify type of place) While at work? (e) Means of injury ---

23. Signature J. O. Mullen (M. D. or other) ---
Address 1515 Lafayette Avenue Date signed 11/26/41

9470

9470

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 Chas Burke

Licensed Embalmer No. 2421

P. O. Address East St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.