

S. No. 2
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7-5-17-39
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18984

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 15 1942

Registration District No. 784

Primary Registration District No. 115

Registrar's No. 1237

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town UNIVERSITY CITY, MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 MO (b) County 96

(c) City or town University City, MO 3
(If outside city or town limits, write "RURAL") 5

(d) Street No. 7378 MILAN
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Viola J. Homberg

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1942 hour 6 minute P M.

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

6. (b) Name of husband or wife Lewis Nomburg 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Feb 2 1890
(Month) (Day) (Year)

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 Self-inflicted gun shot wound of head. Duration

8. AGE: Years Months Days If less than one day

52 4 2 hr. min.

Due to Punctured brain caused by bullet.

9. Birthplace St Louis MO
(City, town, or county) (State or foreign country)

Due to.....

10. Usual occupation HWK

Other conditions (Include pregnancy within 3 months of death) 1/6/42

11. Industry or business.....

Major findings: Of operations.....

12. Name Louis J Jacoby

Of autopsy Yes

13. Birthplace Georgia 1
(City, town, or county) (State or foreign country)

PHYSICIAN Underline the cause to which death should be charged statistically.

14. Maiden name Rose Helwig

15. Birthplace St Louis 0
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis Nomburg

(b) Address 7378 Milan

17. (a) (Burial, ~~cremation~~) (b) Date thereof 6/6/42
(Month) (Day) (Year)

(c) Place: burial or cremation Salem Cem.

18. (a) Signature of funeral director Alexander

(b) Address 6175 Delaney

19. (a) JUN 6 - 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence June 6, 1942

(c) Where did injury occur? University City
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Own home

While at work? (Specify type of place) (e) Manner of injury 3

23. Signature Louis H. Boy (M. D. or other) 3

Address Kirkwood, Mo. 6/5/42 Date signed.....

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

6335

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.....

Licensed Embalmer No.....

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.