

FILED JAN 20 1944
Registration District No. 218

Primary Registration District No. 1003

State File No. _____

Registrar's No. 148

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri.
(b) City or town Saint Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City 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 Missouri. (b) County 000
(c) City or town Saint Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3309 South 7th, Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 11

3. (a) PRINT FULL NAME Henry Hommelson

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

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

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

7. Birth date of deceased August 28st, 1892.
(Month) (Day) (Year)

8. AGE: Years 51 Months 4 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER-FATHER

12. Name Jacob Hommelson
13. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Hommelson
15. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Hommelson
(b) Address 3309 South 7th, Street.
17. (a) Burial (b) Date thereof Jan. 10-1944.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Georgienne Beas
(b) Address 8409 Gravois Ave.

19. (a) JAN 1 1944 (b) J. F. Bradeau
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6th,
year 1944. hour 4 minute 39 P. M.

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

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

Immediate cause of death. Chronic Coronary Heart Disease
Arterio Sclerosis

Due to _____

Due to 94

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

Duration

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) Means of injury _____

Signature Thomas J. Callaway (M. D. or other) _____
Address Deputy Coroner Date signed 1-4-44

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

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.....

Judith W. Ziegler

Licensed Embalmer No. *2270*

P. O. Address *6409 Gravel*

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.