

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **MO.**

(b) City or town **ST. LOUIS.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ENROUTE TO HOMER PHILLIPS HOSP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2** (Specify whether
40 YRS. **2** years, months or days)

In this community **40 YRS.** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **HOMER HARVEY**

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

4. Sex **MALE** 2 5. Color or race **COL.** 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 **MARCH 12 1892**
(Month) (Day) (Year)

8. AGE: Years **55** Months **2** Days **14** If less than one day
hr. _____ min. _____

9. Birthplace **KINGSLAKE, MO.**
(City, town, or county) (State or foreign country)
LABORER

10. Usual occupation _____

11. Industry or business _____

12. Name **HARRY HARVEY**

13. Birthplace **KINGSLAKE, MO.**
(City, town, or county) (State or foreign country)

14. Maiden name **ROSE TWINE**

15. Birthplace **PIKE COUNTY, MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant **IRENE WARNE**
HUGO AND FREELAND KINLOCH

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof **6-2-47**
(Month) (Day) (Year)

(c) Place: burial or cremation **W. R. Kinloch**

18. (a) Signature of funeral director _____
3500 Ruffin

(b) Address _____

19. (a) **JUN 3 1947** **J. F. Brebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **000 17**

(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")

(d) Street No. **1608 COLE ST.**
25 (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **26**
year **1947** hour **2** minute **30** 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 _____ Duration _____

Due to **Cerebral Apoplexy**

Due to _____

Other conditions **830**
(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) Means of injury _____

23. Signature **J. F. Brebeck** _____ (M. D. or other) **B**

Address _____ Date signed _____

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

MOTHER, FATHER

M. Robinson
undertaker
2224 Dickson
St. Louis, Mo

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.....

Tom Carter....., Registered Apprentice No. *500*
working under my personal supervision.

Signed *Howard P. Rowland*.....

Licensed Embalmer No. *3114*.....

P. O. Address *St. Louis, Mo*.....

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.