

FILED MAR 15 1948 310

Primary Registration District No. 1000

Registrar's No.

1. PLACE OF DEATH:

(a) County...  
(b) City or town... St. Louis, Missouri  
(c) Name of hospital or institution... St. Louis City Hospital - Max C. Starloff  
(d) Length of stay: In hospital or institution...  
In this community... years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County...  
(c) City or town... ST. LOUIS  
(d) Street No... 3159 OREGON  
(e) Citizen of foreign country? Memorial 94 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME WILLIAM HOMFELDT  
3. (b) If veteran, name war...  
3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th year 1948 hour 8 minute 30 A.M.  
21. I hereby certify that I attended the deceased from 12/13/47 to March 4th 1948 that I last saw him in alive on March 4th 1948 and that death occurred on the date and hour stated above.  
Immediate cause of death: Encephalopathy due to cerebral arteriosclerosis  
Duration 3 weeks

4. Sex MALE Color or race WHITE  
6. (a) Single; widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MARTHA  
6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased JUNE 6 1883 (Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 28 If less than one day hr. min.

9. Birthplace MISSOURI (City, town, or county) (State or foreign country)  
10. Usual occupation NIGHT WATCHMAN  
11. Industry or business KRUSE FLORIST, INC.

Due to... Arteriosclerosis  
Due to...  
Other conditions... 97  
Major findings: Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause of which death should be charged statistically.

MOTHER FATHER

12. Name JOHN HOMFELDT  
13. Birthplace MO  
14. Maiden name ROSE DAHMS  
15. Birthplace MO

16. (a) Informant MARTHA HOMFELDT  
(b) Address 3159 OREGON  
17. (a) BURIAL (b) Date thereof MAR. 6 1948  
(c) Place: burial or cremation SUNSET BURIAL PK

18. (a) Signature of funeral director Thomas Kula & Son  
(b) Address 2906 GRAVOLS  
19. (a) MAR 5 1948 (b) J. F. Brenek  
(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)...  
(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. Lowry Brown, M.D. 1515 Lafayette 4/4/48  
Address Date signed

WRITE PLAINLY—USING 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

*Leo J. Burdette*

Licensed Embalmer No. *3989*

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.