

S. No. 2
M-8-43
5-17-39
X37823

9193

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 22

FILED APR 10 1948

Registration District No. 160

Primary Registration District No. 5592

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

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Festus, Rural
(c) Name of hospital or institution: _____
(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 JEFFERSON
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1909 SeSoto Ave
(If rural, give location) 17
(e) Citizen of foreign country? No (Yes or No) 9/1
If yes, name country _____

3. (a) PRINT FULL NAME William Homberg
3. (b) If veteran, name war No
3. (c) Social Security No. 488-09-7456

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 21
year 1948 hour _____ minute _____ 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.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Lena Homberg
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct., 16, 1882
(Month) (Day) (Year)

Immediate cause of death Accidental Drowning
(Verdict of Coroner)
Due to _____
Due to _____
Other conditions (Include pregnancy within 5 months of death) None
Major findings: Of operations None
Of autopsy None

8. AGE: Years Months Days If less than one day
66 5 5 hr. _____ min.

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

10. Usual occupation Sr Laborer
11. Industry or business U. S. Engineers Service Base

MOTHER FATHER }
12. Name John Homberg
13. Birthplace Cario, Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Brinkmeyer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Edward H. Homberg
(b) Address 824 Grape Ave., St. Louis
17. (a) Burial (b) Date thereof 3/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(c) Place: burial or cremation St. Peters
18. (a) Signature of funeral director [Signature]
(b) Address Festus, Mo.
19. (a) Mar. 23 1948 (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) Accident
(b) Date of occurrence Mar 21st 1948
(c) Where did injury occur? in Mississippi River
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 50
While at work? yes (Specify type of place) River Boat
(e) Means of injury Coroner
23. Signature T. P. Edwards (M. D. or other) 3/23/48
Address Ordor Hill Date signed 3/23/48

RECEIVED
District Health Officer No. _____
District File Number _____
Date Filed APR 8 1948
MAR 21 1948

APR 14 1948

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.....

Donald H. Unger, Registered Apprentice No. 71
working under my personal supervision.

Signed H. Unger

Licensed Embalmer No. 3010

P. O. Address Justus

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.