No. 2
—1/47
5-17-39

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

#83191

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10289

Primary Registration District No. 1003

Registrar's No. 2446

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(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 St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 604 Barry Street 9
Memorial (If rural, give location)

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

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3. (a) PRINT FULL NAME ANTON HOMOKY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Agnes Homoky

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased February 7-1868 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	1	3	hr. min.

9. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name John Homoky
13. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Purchinsky
15. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes Homoky
(b) Address 604 Barry Street

17. (a) Burial (b) Date thereof 3-12-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director Mordell Und. Co.
(b) Address 1926 Allen Avenue

19. (a) MAR 1 1 1948 (b) J. F. Brenneck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th
year 1948 hour 1 minute 05 P M.

21. I hereby certify that I attended the deceased from 3/3/48, 19, to March 10th 1948
that I last saw him alive on March 10th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Bronchopneumonia, Pernicious anemia

Due to arterio-sclerosis, senile psychosis

Other conditions
(Include pregnancy within 3 months of death)

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Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature 1515 Lafayette (M.D. or other) M.D.
Address Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 .....

..... Me ..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.