

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31849

State File No. 8478

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Saint Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 6923 Waldemar Avenue				d. STREET ADDRESS (If rural, give location) 6923 Waldemar Avenue			
3. NAME OF DECEASED (Type or Print)		a. (First) Charles		b. (Middle) Augustus		c. (Last) Homo-Sr.	
4. DATE OF DEATH		(Month) Sept.		(Day) 30.		(Year) 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-15-1883		9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10b. KIND OF BUSINESS OR INDUSTRY Charles A. Homo Coal		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles E. Homo		13b. MOTHER'S MAIDEN NAME Theresa Billon		14. NAME OF HUSBAND OR WIFE Gussie Kohner Homo			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles A. Homo, 6923 Waldemar Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				18 days	
		ANTECEDENT CAUSES					
		DUE TO (b) Left Ventricular Cardiac Disease DUE TO (c) Myocarditis				5 years	
		II. OTHER SIGNIFICANT CONDITIONS				Possibly 15 years	
		Conditions contributing to the death but not related to the disease or condition causing death.				Diabetes Mellitus (untreated)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-1-49, 19, to 7-30-49, 19, that I last saw the deceased alive on 7-30-49, 19, and that death occurred at 5: Am., from the causes and on the date stated above.							
23a. SIGNATURE (Dr., nurse or title) Julian H. Jussey, M.D.				23b. ADDRESS 8321 N. Broadway		23c. DATE SIGNED 9-30-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-3-49		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery		24d. LOCATION (City, town, or county) (State) Saint Louis Mo.	
DATE REC'D BY LOCAL REG. OCT 3 1949		REGISTRAR'S SIGNATURE J. B. Laster		25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary, 6633 Clayton Rd.			

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

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1963

OCT 13 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Ernest W. Scillare

Licensed Embalmer No. 4080

P. O. Address _____

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.