

FILED DEC 6 1949

STANDARD CERTIFICATE OF DEATH

State File No. **38840**
16297

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 <u>MISSOURI</u> b. COUNTY <u>000</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAINT LOUIS, Mo.</u>		c. LENGTH OF STAY (in this place) <u>15 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAINT LOUIS</u>		u	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Francis R.R. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>17-4612 CLEVELAND AVE</u>			
3. NAME OF DECEASED <u>ERNEST S. J. Homewood</u> (Type or Print)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>11 29 49</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JUNE 16TH 1899</u>	
9. AGE (in years last birthday) <u>50</u>		If UNDER 1 YEAR Hours <u>5</u> Min. <u>13</u>		If UNDER 18 HRS. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NIGHT FOREMAN</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>FRISCO R.R. Co.</u>		11. BIRTHPLACE (State or foreign country) <u>COLO. SPRINGS, COLO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>							
13a. FATHER'S NAME <u>THOMAS HOMEWOOD</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>LATE EVELYN HOMEWOOD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. CARL RADEMAKER, 4612 CLEVELAND AV.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis of the heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hepatic failure</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>15 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>12th St. MO</u>			
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 <u>5810</u>			
22. I hereby certify that I attended the deceased from <u>11-14</u> , 19 <u>49</u> , to <u>11-29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-29</u> , 19 <u>49</u> , and that death occurred at <u>2:12 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Henry W. Nolen M.D.</u> (Degree or title)				23b. ADDRESS <u>4960 Leclaire St. St. Louis</u>		23c. DATE SIGNED <u>11/29/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/2/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ZION CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., MO</u>	
DATE REC'D BY LOCAL REG. <u>NOV 30 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Basler</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CALVIN F. FEUTZ, 4878 NAT'L BRIDGE</u>			

WRITE PLAINLY—USING UNFADEING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John A. Mlinar

Licensed Embalmer No. *4186*

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.