

FILED JUN 15 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH18279 State File No. 18279
4832 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		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 Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) 23 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4346			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				3. STREET ADDRESS (If rural, give location) 7035 Waterman Ave 1			
3. NAME OF DECEASED (Type or Print)		a. (First) Roland		b. (Middle) Mather		c. (Last) Hömer.	
4. DATE OF DEATH		(Month) June		(Day) 1		(Year) 1950	
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 6, 1882	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 28 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Internal Revenue Agent				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 6	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME William B. Homer.		13b. MOTHER'S MAIDEN NAME Louise Hart.	
14. NAME OF HUSBAND OR WIFE Mabel Nichols Homer.				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 Mabel N. Hunt; 7035 Waterman Ave.				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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiogenic carcinoma with metastases		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asthma				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 162X			
22. I hereby certify that I attended the deceased from May 9 , 19 50 , to June 1 , 19 50 , that I last saw the deceased alive on June 1 , 19 50 , and that death occurred at 11:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE FR Bradley				(Degree or title) M.D.		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 6/1/50				24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 3 1950	
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery; St. Louis, MO.		24d. LOCATION (City, town, or county) (State) St. Louis, MO.		DATE REC'D BY LOCAL REG. JUN 1 1950		REGISTRAR'S SIGNATURE J B Locant	
25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons				ADDRESS 7233 Delmar Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Arnold W Schoene

Signed.....
Student Embalmer

Licensed Embalmer No. 3864

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.