

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39398

State File No. ....

FILED DEC 14 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2890

4000

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

1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vinita Park</u>		c. LENGTH OF STAY (In this place) <u>7 Months</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8003 Albin Avenue</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vinita Park</u> <u>4270</u>	
		d. STREET ADDRESS (If rural, give location) <u>8003 Albin Avenue</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Louis</u>	b. (Middle) <u>T.</u>	c. (Last) <u>Homfeld, Sr.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28th, 1950</u>
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5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Jan. 2nd, 1882</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during month working life, even if retired) <u>Retired machine Opr.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Broderick &amp; Bascom</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Homfeld</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Late Kate Homfeld</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Homfeld, 8003 Albin Avenue</u>	ADDRESS <u>8003 Albin Avenue</u>
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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>Chr. Myocardites</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>  <u>4222</u>  <u>4 days</u>
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Nov 25, 1950, to Nov 28, 1950, that I last saw the deceased alive on Nov 28, 1950, and that death occurred at 7:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. C. Miller MD</u>	23b. ADDRESS <u>8924 St. Charles St. St. Louis, Mo</u>	23c. DATE SIGNED <u>11/30/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/30/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-30-50</u>	REGISTRAR'S SIGNATURE <u>Kerbert R. Donke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</u>	ADDRESS _____
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Dr. M. A. Diehr,  
8924a St. Charles Rock Road,  
W1. 3643

Take Certificate to Dr. Diehr's Office  
@ 11:00 A. M. Thursday, 11/30/50  
and file in County.

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.....  
Student Embalmer

Signed *John A. Mlenar*

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.