

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

20660

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4664**

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 township) OR TOWN St. Louis		c. CITY OR TOWN Webster Groves		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 1 1/2 hrs		e. STREET ADDRESS (If rural, give location) 473 W Big Bend Rd.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital					

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) ADDISON c. (Last) HOMBS			4. DATE OF DEATH (Month) (Day) (Year) 5-24-1954		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-2-1894	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice Pres.	10b. KIND OF BUSINESS OR INDUSTRY Banking	11. BIRTHPLACE (City and State or Foreign Country) Glenwood Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robert G Hombs	13b. MOTHER'S MAIDEN NAME Emma Case	14. NAME OF HUSBAND OR WIFE Martha Hombs
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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) Yes WW # 1	16. SOCIAL SECURITY NO. 491-16-4913	17. INFORMANT'S SIGNATURE OR NAME Mrs. W.A. Hombs	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MENINGO COCCERMIA		INTERVAL BETWEEN ONSET AND DEATH 4-6 HRS.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MENINGO COCCUS.		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 057.0
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22. I hereby certify that I attended the deceased from **5-24 1954**, to **5-24 1954**, that I last saw the deceased alive on **5-24 1954**, and that death occurred at **3:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Robert E. Stahl</i>	23b. ADDRESS M.I.D. 35 N. Central	23c. DATE SIGNED 5-25-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-26-1954	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. MAY 25 1954	REGISTRAR'S SIGNATURE <i>Charles Smith</i>	FUNERAL DIRECTOR'S SIGNATURE <i>W. Parker Aldrich</i>	ADDRESS 7. Home Webster Groves Mo.
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(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Leslie Welch

Licensed Embalmer No...*439*
P. O. Address.....*Wahater, Jr.*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**