

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6175**
Registrar's No. **94**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 94							
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		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION 5011 Page Bl.				6. STREET ADDRESS (If rural, give location) 5011 Page Bl.									
3. NAME OF DECEASED (Type or Print) a. (First) Laura			b. (Middle) _____		c. (Last) Bomli		4. DATE OF DEATH (Month) (Day) (Year) Jan. 3, 1956						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 17, 1887		9. AGE (In years) (Last birthday) 68		10. IF UNDER 1 YEAR Days 3		11. IF UNDER 24 HRS. Hours Min. 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Harstick				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE William I. Bomli					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____				16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME William I. Bomli ADDRESS 5011 Page							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Coronary Sclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION 420.1				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) _____							
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:18 A m., from the causes and on the date stated above.													
23a. SIGNATURE James M. Kelly (Degree or title) Deputy Registrar						23b. ADDRESS 1300 Clark			23c. DATE SIGNED 1-5-56				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/6/56		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.					
DATE REC'D BY LOCAL REG. JAN 5 1956				REGISTRAR'S SIGNATURE J. C. Caldwell				25. FUNERAL DIRECTOR'S SIGNATURE Chas. F. Stuart ADDRESS 1225 Union Bl.					

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 *Melvin L. Kemp*.....

Licensed Embalmer No. *405*.....

P. O. Address *3505 Oak*.....

St. Louis, Mo.
in his OWN HANDWRITING. (Fail

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER 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.