

FILED JUN 3 1957

STANDARD CERTIFICATE OF DEATH

State File No. 18828

318

1003

4855

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 _____					
b. CITY OR TOWN <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>ST. LOUIS</u>		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 <u>ALEXIAN BROS. HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>2370 PARK AV.</u>					
3. NAME OF DECEASED (Type or Print) <u>ARTHUR - HOMMELSON</u>			a. (First) _____		b. (Middle) _____		c. (Last) _____		
4. DATE OF DEATH <u>MAY 27 1957</u>		(Month) _____ (Day) _____ (Year) _____		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>DEC. 19 1899</u>		9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR: Months _____ Days _____			
IF UNDER 1 HRS. Hours _____ Mins. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FOREMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HAGER HINGE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>JACOB HOMMELSON</u>		13b. MOTHER'S MAIDEN NAME <u>TILLA MUELLER</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>488-07-7323</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HELEN HIRSCH</u>		ADDRESS <u>2226 MONTANA</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Lung</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>	
				ANTECEDENT CAUSES Morbid 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. <u>16.3x</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> 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) _____ (Min) _____		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 <u>Feb</u> , 19 <u>57</u> to <u>May 27</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>May 29 1957</u> and that death occurred at <u>10:15 PM</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Ralph Berg MD</u> (Degree or title) _____				23b. ADDRESS <u>32038 Grand</u>		23c. DATE SIGNED <u>5/23/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 24 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.S. PETER & PAUL</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>			
DATE REC'D BY LOCAL REG. <u>MAY 23 57</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutia</u>		ADDRESS <u>2906 Grand</u>			

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

3203 S. Gorkin
PR 3-7857
6 PM

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.....
Lester E. Hill

Licensed Embalmer No. 4347
P. O. Address 2906 Flava

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.