

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38458

FILED OCT 16 1957

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2327

| | | | |
|---|--------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. 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, give TOWNSHIP only) TOWN <u>Clayton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Mehlville</u> <u>4000</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County Hosp. DOA</u> Length of stay in lb | | d. STREET ADDRESS (If outside, give location) <u>Cliff Cave Road, Box 198</u> Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) <u>CHARLES</u> First Middle Last | | 4. DATE OF DEATH <u>9 19 1957</u> Month Day Year | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE. <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan. 17, 1879</u> |
| 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Salesman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Food Products</u> | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13. FATHER'S NAME <u>Henry C. Homan</u> | |
| 14. MOTHER'S MAIDEN NAME <u>Johanna Hunstain</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>490-12-6926A</u> | | 17. INFORMANT Address <u>Mrs. Helen Homan, Mehlville, Missouri</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a); (b); and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Possible Myocardial Infarction</u> DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) <u>years</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Pulmonary Emphysema. Benign Prostatic Hypertrophy 4201</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18.) | |
| 20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <u>9-19-1957</u> to <u>9-19-1957</u> and last saw ^{her} _{him} alive on <u>9-19-1957</u> . Death occurred at <u>2:32 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Print or type) <u>Richard H. King M.D.</u> | | 22b. ADDRESS <u>601 S. Brentwood Blvd.</u> | |
| 22c. DATE SIGNED <u>9-20-57</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 23b. DATE <u>9-23-157</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>New Picker</u> | | 23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Mittelberg Funeral Home, Webster Groves</u> | | 25. DATE RECD. BY LOCAL REG. <u>9-20-57</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Herbert B. Donke MD</u> | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, & Welfare Public Health Service
300 1-36
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Elmo R Cadwell*.....

Licensed Embalmer No. *40*.....

P. O. Address *St Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.