Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-046728
STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 3236

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wellston — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1117 Delaware — Length of stay in 1b Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St.Louis
c. CITY OR TOWN Wellston 4311 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1117 Delaware Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Henry Middle W Last Homburg
4. DATE OF DEATH Month Day Year 12-10-58
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Aug 3 1899
9. AGE (In years last birthday) 59 — 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) Dept.Mgr
10b. KIND OF BUSINESS OR INDUSTRY Famous-Barr
11. BIRTHPLACE (City and state or country) Germany
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Conrad Homburg
13b. MOTHER'S MAIDEN NAME Dorothy Hecker
14. NAME OF HUSBAND OR WIFE Elizabeth Homburg
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 488 07 2880
17. INFORMANT Elizabeth Homburg — Address 1117 Delaware Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cancer of Stomach
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ✓
DUE TO (c) ✓ 151X
INTERVAL BETWEEN ONSET AND DEATH: one year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [✓]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year ✓
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Oct 1957, to 12-10-58 and last saw ~~her~~ him alive on 12-10-58
Death occurred at 8:00a on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Luce O Pretty M D
22b. ADDRESS 7/30 Hodiamont - St Louis, Mo
22c. DATE SIGNED 12/11/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-12-58
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery
23d. LOCATION (City, town, or county) (State) St.Louis Co., Missouri

24. FUNERAL DIRECTOR J.W.Clark F.H. — ADDRESS 1125 Hodiamont Ave.
25. DATE RECD. BY LOCAL REG. 12/11/58
26. REGISTRAR'S SIGNATURE Herbert B. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.