

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

12415 -62-048428
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12415

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DATE AMENDED
INSTEAD OF
SHOULD READ

DOCUMENT
BY AFFIDAVIT OF

FILED JAN 2 1963

1. PLACE OF DEATH
a. COUNTY **St. Louis**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb **5 days**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis-Little Rock Hospitals, Inc.,** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Illinois** b. COUNTY **Madison**
c. CITY OR TOWN **Granite City,** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **2307 Washington Ave.,** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **WALTER FREDERICK HOMMERT**
4. DATE OF DEATH Month Day Year **Dec. 24, 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH **Sept. 12, 1888** 9. AGE (last birthday) **74 yrs.** IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Crossing Watchman**
10b. KIND OF BUSINESS OR INDUSTRY **Railroad**
11. BIRTHPLACE (City and state or country) **St. Louis, Mo.**
12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **William F. Hommert** 13b. MOTHER'S MAIDEN NAME **Anna Bruning** 14. NAME OF HUSBAND OR WIFE **Elizabeth**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**
17. INFORMANT **Elizabeth Hommert** Address **2307 Washington**

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **Reticulum cell sarcoma of tongue** INTERVAL BETWEEN ONSET AND DEATH **3 1/2 mos**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **200.0**
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Generalized metastases of sarcoma**
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
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 **Granite City, Ill.** COUNTY **Madison** STATE **Ill.**

21. I attended the deceased from **Sept 1962** to **Dec. 24, 62** and last saw him alive on **12-27-62**
Death occurred at **10 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **RC Neuman MD** (Degree or title) 22b. ADDRESS **MISSOURI PACIFIC HOSPITAL 1755 So. GRAND AVE** 22c. DATE SIGNED **12/24/62**

23a. BURIAL OR CREMATION, REMOVAL (Specify) 23b. DATE **12/28/62** 23c. NAME OF CEMETERY OR CREMATORY **Sunset Hill Cemetery** 23d. LOCATION (City, town, or county) (State) **Edwardsville Twsp, Ill.**

24. FUNERAL DIRECTOR **Davis Funeral Home, Granite City Ill.** ADDRESS **Granite City Ill.** 25. DATE RECD. BY LOCAL REG. **DEC 26 1962** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

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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 Loren H. Davis

Licensed Embalmer No. ILL - 9754

P. O. Address Granite City Ill.

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.