S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

0495

State File No. 0

FILED NOV 29 1947

Registration District No. 977

Primary Registration District No. 6076

Registrar's No. 2427

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

1. PLACE OF DEATH:
(a) County St.Louis
(b) City or town St.Ferdinand Twsp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St.Cyr Rd & Highway 99 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St.Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4034-Olive Street 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) ✓
If yes, name country

3. (a) PRINT FULL NAME Homer D.Deatherage
3. (b) If veteran, name war World War #2
3. (c) Social Security No. ✓

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Dorothy
6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased July (Month) 8 (Day) 1919 (Year)

8. AGE: Years 28 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Eminence (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Chauffeur
11. Industry or business Laclede Cab Co.
FATHER
12. Name Olin Deatherage 0
13. Birthplace Eminence (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Pearl Wood
15. Birthplace Eminence (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant Dorothy Deatherage
(b) Address 4034-Olive St-St.Louis,Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Baumann Bros Inc.
(b) Address 2504-Woodson Rd-Overland 14-Mo.
19. (a) 11-24-47 (Date received local registrar) (b) Pearl A Kaup MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1947 hour minute M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death fractures of skull & brain injuries suffered when struck numerous times by a tree branch — Duration
Due to
Due to 168
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy same

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence Nov. 16, 1947
(c) Where did injury occur? Highway 99 & St.Cyr Rd. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In woods (Specify type of place)
While at work? (e) Means of injury Blunt impact
23. Signature Arnold J. Willmann Coroner (M. D. or other) 3
Address Clayton, Mo. Date signed 11/24/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 2 1947

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland (X) Mo

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 this body is not embalmed, fact should be so stated above.