

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.  
**36013**

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City **St. Louis** (No. **11904**)

City, Hospital

File No. ....

Registered No. **10534**

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **3822 Evans** 11 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **40** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Don't Know**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 23 - 1850**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<b>81</b>	<b>1</b>	<b>22</b>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

13. NAME **Jacob Honneker**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**

15. MAIDEN NAME **Jane Brodshaw**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**

17. INFORMANT (ADDRESS) **Hospital information Grace St. Hospital**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **10-17 1931**

19. UNDERTAKER **Arthur J. Womack** (ADDRESS) **2039 Market St**

20. FILED **10 1931** **W. C. Starkey** Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 15 - 1931**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 6 th 1931**, to **Oct. 15 th 1931**,

I last saw her alive on **Oct. 15 th 1931**. Death is said to have occurred on the date stated above, at **11:05 P.M.**

The principal cause of death and related causes of importance were as follows:

**Cerebral Haemorrhage**  
**Chr. Myocarditis**  
**Chr. Nephritis Diffuse**

Other contributory causes of importance:

Name of operation **None** Date of .....

What test confirmed diagnosis? **Clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

Where did injury occur? .....

Specify whether injury occurred in industry, in home, or in public place. **Public**

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) **W. C. Starkey**, M. D.  
(Address) **City Hospital**

