DEC 12 1938

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

37379
Do not use this space.

1. PLACE OF DEATH
(a) County 2 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003 Registered No. 9706
(c) City St. Louis (d) Street No. 4510 McKinley Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jacob Honig
(a) Residence, No. 4510 McKinley Ave. St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beatrice M. Honig
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1869
7. AGE: Years 68 Months 10 Days 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Meat&Grocery
9. Industry or business in which work was done, as saw mill, bank, etc. Business retail
10. Date deceased last worked at this occupation (month and year) retired 10 Yrs.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER
13. NAME Henry Honig
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Melinda Benjamin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace-Lorraine

17. INFORMANT Robert J. Honig (ADDRESS) 4510 McKinley Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Peter&Paul DATE 11-12 1938
19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuary (ADDRESS) 4228 So. Kingshighway
20. FILED NOV 9 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1935 to July 7 1938
I last saw him alive on July 7 1938. Death is said to have occurred on the date stated above, at 7:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	11-9-38

Other contributory causes of importance:

arterio-sclerosis	1935

Name of operation none Date of
What test confirmed diagnosis? physical signs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
no
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. H. Clithero, M. D.
(Address) 906 Carleton Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Clithero
Carlton 11-2

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 Edwin A M Dermott

Licensed Embalmer No. 3024

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 this body is not embalmed, above space should be left blank.