JUL 27 1939

REC'D AUG 7 1939

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

26773
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis — Registration District No. 784
(b) Township ~~Clayton~~ — Primary Registration District No. 01 — Registered No. 1350
(c) City or Township Clyton (Clayton) — (d) Street No. St Louis County Hospital 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 Oliver Honerkamp 562
(a) Residence, No. 426 N. Benton St. St Charles Mo.
(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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14th 1916

7. AGE: Years 22yrs — Months 9 — Days 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe Worker
9. Industry or business in which work was done, as saw mill, bank, etc. International S. C.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation Life

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

FATHER
13. NAME Casper H. Honerkamp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dardene Mo.

MOTHER
15. MAIDEN NAME Gertrude A. Mette
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flint Hill Mo.

17. INFORMANT Roy L. Singleton
(ADDRESS) St Charles Mo.

18. BURIAL, CREMATION, OR REMOVAL Borromeo cem.
PLACE St Charles Mo. DATE 7-27 1939

19. FUNERAL DIRECTOR (NAME) H. C. Dallmeyer Jr. Inc.
(ADDRESS) 801 N. Second St. St Charles Mo.

20. FILED JUL 27 1939 C. R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July ~~15th~~ 16 /39 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12.10AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile collision.	
While driving an automobile which collided with another automobile on a pub lic highway.	7/15/39
Other contributory causes of importance:	
Subarachnois hemorrhage	7/15/39
Retroperitoneal hemorrhage	16-
Fractures of L. Humerus & tibia	

Name of operation ..... Date of .....
What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/15/39
Where did injury occur? St. Louis County Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place
Manner of injury auto collision
Nature of injury Subarachnoid hemorrhage, etc.

24. Was disease or injury in any way related to occupation of deceased no
If so, specify .....
(Signed) John D. Powell, M. D.
Coroner of St. Louis County, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

91 X15605

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

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