DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27559

Registration District No. REC'D SEP 14 1939 791 1003

Primary Registration District No.

Registrar's No. 7059

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 2 mo. 30 da. (Specify whether
In this community 69 yrs. 8 mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 4145 Washington Blvd.
(a) State Missouri (b) County
(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 4145 Washington Blvd. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

19

3. (a) PRINT FULL NAME THEODORE HONIG 520
3. (b) If veteran, name war no
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elbe Schnell Honig
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Jan. 13, 1870 (Month) (Day) (Year)
8. AGE: Years 69 Months 7 Days - If less than one day hr. min.
9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation Laborer 0
11. Industry or business Chevrolet Plant 0
FATHER
12. Name Daniel Honig
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Leocade Papin Honig
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Peter Todd
(b) Address 5400 Arsenal St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 15, '39 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.
18. (a) Signature of funeral director Truth Center Mortuary By J. W. Lukens
(b) Address 4024 Lindell Blvd.,
19. (a) AUG 14 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1939 hour 6:55 minute P. M.
21. I hereby certify that I attended the deceased from 7/1/39 8/12/39, 19, to , 19; that I last saw him alive on 8/12/39, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterio Sclerotic Heart disease (onset 5-3-38)	
Due to	
Due to	
Other conditions Syphilis. (Include pregnancy within 3 months of death)	

34

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Paul T. Hartman (M. D. ~~or other~~)
Address 5300 arsenal Date signed 8-13-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.
REV. 8-17-39 I X19511

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 Jack D. Lukens

Licensed Embalmer No. 4110

P. O. Address 4024 Lindell Blvd., St. Louis, 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, above space should be left blank.