

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
(a) County 1  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Lukes  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME Mary Honigfort 521  
3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 38 years  
7. Birth date of deceased Oct 2 1902  
(Month) (Day) (Year)

8. AGE: Years 37 Months 8 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Franc Hampen

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Van Held

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant John Downingfort  
(b) Address Chesterfield Mo

17. (a) Burial (b) Date thereof June 7 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St Monicaa Cemetery

18. (a) Signature of funeral director Ortrann Funeral Home  
(b) Address 5223 Hickland Overland Mo

19. (a) JUN 6 1940 (b) J. J. [Signature]  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County St. Louis  
(c) City or town Chesterfield NA  
(If outside city or town limits, write "RURAL")  
(d) Street No. Wild horse Rd  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 13 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 4  
year 1940 hour 13 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 30, 1940, to June 4, 1940  
that I last saw her alive on June 4, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death acute glomerular nephritis Duration 2 wks  
Due to following influenza infecting. Not purulent  
Due to None  
Other conditions None  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy acute glomerular nephritis  
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?

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury 1  
23. Signature W. L. [Signature] (M. D. or other) MD.  
Address 3722 Washington Date signed 6-6-40

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

13. [Handwritten note]

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**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

*Al C. Ostmann*

Licensed Embalmer No. 3478

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.**