

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20032**
4844
Registrar's No.

Registration District No. **791**

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Deaconess Hospital 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Day**
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Peter Honigsberg**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 31 hr. min.

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

10. Usual occupation **Salesman**

11. Industry or business **Russo and Company**

12. Name **Sil Honigsberg**

13. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harriet Shelton**

(b) Address **Coronado Hotel**

17. (a) **Cremation** (b) Date thereof **June 11 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Missouri Crematory**

18. (a) Signature of funeral director **Peetz Brothers**
(b) Address **3029 Lafayette Ave**

19. (a) **JUN 11 1941** (b) **J. F. Budenk**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **New York** (b) County **999**
(c) City or town **New York** **9110**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **201 W. 18th St**
(If rural, give location)
(e) If foreign born, how long in U.S.A. **2** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8th** day **June**
year **1941** hour **8** minute **25 P. M.**

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Hepatitis;**
Chronic Nephritis;
Edema of brain.

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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) (c) Means of injury

23. Signature **W. H. Perry** (M. D. or other) **2**
Address **Deputy Registrar** Date signed **6/11/41**

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

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Embalmer's License
State of Missouri
No. 2245

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 Frank J. Owens

Licensed Embalmer No. 2245

P. O. Address 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, fact should be so stated above.