

FILED JAN 27 1942

Registration District No. 18

Primary Registration District No. 101

Registrar's No. 134

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Creve Coeur
(If outside city or town limits, write "RURAL")
(d) Street No. Ballas and Ladue
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Honerkamp
3. (b) If veteran, name war unknown
3. (c) Social Security No. unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 16
year 1942 hour 10 minutes 30 a. m.
21. I hereby certify that I attended the deceased from 1-7-42
_____ 19____ to 1-16-42 19____;

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife August Honerkamp
6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased Aug. 2 1874
(Month) (Day) (Year)

that I last saw her alive on 1-16-42 19____;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>5</u>	<u>14</u>	hr. _____ min.

Immediate cause of death:
① Bacterial Endocarditis
② Bacter Pneumonia
③ Pneumonia Endocarditis
④ Granuloma nephrit.
Due to _____
Duration
2 wks.
2 wks.
10 wks.
8 m

9. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
10. Usual occupation housewife

Due to _____
Other conditions (include pregnancy within 3 months of death) 108

11. Industry or business _____
12. Name Unknown Woerther
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Emma Unknown
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy Endocarditis, of meninges, pneumonia
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Ed Honerkamp
(b) Address Creve Coeur Mo
17. (a) Burial (b) Date thereof 1/19/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hillside Cem.

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) (e) Means of injury _____

18. (a) Signature of funeral director Baumgartner Bros
(b) Address 2504 Woodson Rd Overland
19. (a) JAN 17 1942 (b) E. J. McParson
(Date received local registrar) (Registrar's signature)

23. Signature J. A. Jones (M. D. or other) MD
Address St. Louis Date signed 1/17/42

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

76
23

96
C

Duration
2 wks.
2 wks.
10 wks.
8 m

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.