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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22837

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6495

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

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: St. Johns Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16 0.00 49 9

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3845a Louisiana Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Fred Charles Honer

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Otielia Honer

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased September (Month) 18 (Day) 1870 (Year)

8. AGE: Years 71 Months 10 Days 13 If less than one day hr. min.

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

10. Usual occupation Tailor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Prussia 8 (State or foreign country)

16. (a) Informant Carl Honer

(b) Address 5522 So. Kingshighway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/42 (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Hedges-Helderbrand Co

(b) Address 3634 Gravois Ave.

19. (a) AUG 1 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 st. year 1942 hour 2 minute 55 A.M.

21. I hereby certify that I attended the deceased from June 25, 1942, to July 31, 1942, that I last saw him alive on July 31, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocardial failure	24 hrs
Uremia	
Due to Chr. interstitial nephritis	3 mon
Urinary retention	3 mon
Due to Prostatic hypertrophy	1 yr
Other conditions Secondary anemia (Include pregnancy within 3 months of death)	1 yr

Major findings: Of operations Hypertrophied prostate, fibroma of prostate

Of autopsy No malignancy

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 [signature] (M. D. or other) MD

Address 4957 Maryland Date signed 7/31/42

(Licensed Embalmer's Statement on Reverse Side)

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. Hyland

Licensed Embalmer No. 965

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.