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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8408

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 2853

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 014
(If outside city or town limits, write "RURAL")

(d) Street No. 5312 Sutherland Ave.,
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME ALBERT J. HONEGGER, SR.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white 0

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Marie Honegger

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

7. Birth date of deceased May 21st 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	10	4	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Albert J. Honegger
13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Wither
15. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Honegger-wife
(b) Address 5312 Sutherland Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-43
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Sullivan Brothers
(b) Address 2849 No. Euclid Ave.,

19. (a) MAR 25 1943 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from March 15, 1943, to March 25, 1943
that I last saw him alive on March 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetis Mel.	✓
(Diabetic coma)	yrs
Due to	
Due to	
Other conditions Acute Dilation Heart	1 day
(Include pregnancy within 3 months of death)	

Major findings:
Of operations None

Of autopsy None

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 W. Sansbury (M.D.)
Address 3258 Lafayette Date signed 3/25/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Salisbury
3558 Lafayette
9-12 - AM
Gr. 0061

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 B. J. W. Wilkinson

Licensed Embalmer No. 3575

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, fact should be so stated above.