

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16228
Registrar's No. 4084

Registration District No. 1943813

Primary Registration District No. 1003

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. Lukes Hospital
(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:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4948 Maffitt
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Fred Honauer

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife..... Lillie Honauer 6. (c) Age of husband or wife if alive Deed. years
7. Birth date of deceased..... March 15th. 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 2 13 ..hr. min.

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

10. Usual occupation..... Retired Cooper

11. Industry or business.....

MOTHER FATHER { 12. Name..... John J. Honauer
13. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name..... Mary Baer
15. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... Carl Baure
(b) Address..... 4948 Maffitt Ave.

17. (a) Intombment (b) Date thereof..... 5-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... Oak Grove Masoleum

18. (a) Signature of funeral director..... Provost Und. Co.
(b) Address..... 3710 N. Grand Blvd.

19. (a) MAY 29 1943 J. F. Bradock
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 28th.
year..... 1943 hour..... 4.00 minute..... A. M.

21. I hereby certify that I attended the deceased from.....
June 1 1940, to..... May 28, 1943
that I last saw him alive on..... May 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic myocarditis
Chronic diffuse nephritis

Due to.....

Due to.....

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

Major findings:
Of operations.....
Of autopsy.....

Duration

7 yrs.
2 yrs.

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?

While at work?..... (Specify type of place) Means of injury.....

23. Signature..... Wm. Baure (M. D. or other).....
Address..... 3720 Washington Date signed..... 5-28-43

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed A. A. Smither

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl

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.