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5-17-39
FILED AUG 7 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23096

Registration District No. 318 Primary Registration District No. 1008 Registrar's No. 6903

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: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1Mo. 10Days (Specify whether
In this community 17yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 25
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 905 Market St.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -- 0

3. (a) PRINT FULL NAME Chester James Honeycutt

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased March 12, 1884 (Month) (Day) (Year)

8. AGE: Years 59 ~~55~~ Months 3 Days 30 If less than one day hr. min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

FATHER
12. Name James Honeycutt
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Flora Daddymann
15. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Ann P. Morrison
(b) Address St. Louis City Hospital.

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 7-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis U.

18. (a) Signature of funeral director W. Richter
(b) Address 3500 Rutgers

19. (a) JUL 30 (Date received local registrar) (b) J. F. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11, year 1943 hour 4:55 minute A. M.

21. I hereby certify that I attended the deceased from May 31, 1943 to July 11, 1943; that I last saw him alive on July 11, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

Signature William I. Park (M.D. or other)
Address 1515 Lafayette Avenue Date signed 7/12/43

(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.....

Licensed Embalmer No.....

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.