

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town R. H.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Mary's 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 _____

3. (a) PRINT FULL NAME ERNST HONNECKER
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Johanna
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 12 1868
 (Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 6
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Butcher

11. Industry or business _____

12. Name Godfried Hohnecker

13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Luise Mieng

15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Lena Klady

(b) Address 3333 Emmerence St.

17. (a) Rural (b) Date thereof 5/21/45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director General Church Home
 (b) 2233 University St.

19. (a) MAY 21 1945 (b) E. G. H. Palloway
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. John's Sta
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3333 Emmerence
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
 year 1945 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from May 9
 _____, 1945, to May 18, 1945
 that I last saw him alive on May 18, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Tumor of Brain Benign
 Due to 566
 Due to _____

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

Major findings: Of operations Same

Of autopsy _____

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 _____ (b) Means of injury _____

23. Signature [Signature] (M. D. or other) MD
 Address 4952 Maryland Ave. Date signed 5/19/45

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

Luigi Klennner
4952 Steiner
12-2

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..... *John Ketter*
Licensed Embalmer No..... *3880*
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.