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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22077

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 6026

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month (Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 0 0 22
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2835 Walnut 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lucinda Honeycutt

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Henderson Honeycutt
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) 1889 (Year)

8. AGE Ab. Years 56 Months — Days — If less than one day hr. min.

9. Birthplace Columbus (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER
12. Name Henderson Honeycutt
13. Birthplace (City, town, or county) Alabama (State or foreign country)
MOTHER
14. Maiden name Lucinda Chappell
15. Birthplace (City, town, or county) Mississippi (State or foreign country)
16. (a) Informant Clara Blythe
(b) Address 216 S. Leffingwell Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13 '45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director Russell Undt. Co.
(b) Address 2732 Pine Street
19. (a) JUL 11 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7, year 1945 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from June 7, 1945, to July 7, 1945 that I last saw her alive on July 7, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Primary sub-arachnoid Hemorrhage	30 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 B. F. Murphy (M. D. or other)
Address 2601 Whittier Date signed 7/10/45

(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 Joel Russell

Licensed Embalmer No. 4112

P. O. Address St Louis

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.