

S. No. 2
M-8-43
v. 5-17-39
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28465

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 18 1945

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 783

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Bellefontaine Pl 1
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. Oznam Shelter ?
(If rural, give location)

(e) Citizen of foreign country? Naturalized (Yes or No) 1
U.S. Citizen
If yes, name country _____

3. (a) PRINT FULL NAME JACOB HONS or HONTZ

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd
year 1945 hour _____ minute _____ M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Singles

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

7. Birth date of deceased Dec. 23rd 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

68 3 - 4 hr. min.

Immediate cause of death Pending
Cause unknown

Duration _____

9. Birthplace ?? Germany 4
(City, town, or county) (State or foreign country)

Due to _____

Due to 2000

10. Usual occupation Printer

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

11. Industry or business ? Retired

Major findings: Of operations _____

MOTHER FATHER { 12. Name Unk 9

Of autopsy _____

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

14. Maiden name _____

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Helen Moore,

(c) Accident, suicide, or homicide (specify) Found dead in a field

(b) Address 1715 Dolman, St. Louis

(b) Date of occurrence 3-23-45

17. (a) Burial (b) Date thereof March 27, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? Ferguson (City or town) (County) (State)

(c) Place: burial or cremation Valhalla Cem

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Jay B. Smith

While at work? A.S. Crawford (Specify type of place) (e) Means of injury _____

(b) Address 7456 Madachista

23. Signature A.S. Crawford (M. D. or other) _____

19. (a) MAP 28 1945 (b) E.M. Moran (Date received local registrar) (Registrar's signature) _____

Address 601 Brentwood Blvd. Date signed 3-27-45

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

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.

No Embalming
Signed..... *David C. Libean*

Licensed Embalmer No. *3454*

P. O. Address... *745 Manchester*

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.