

U. S. No. 2
FORM-2-43
Rev. 5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

38503

FILED DEC 1 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 217

Primary Registration District No. 6076

Registrar's No. 2707

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 42 days
(Specify whether years, months or days)

In this community See above
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair ⁹⁹⁹

(c) City or town East St. Louis ¹¹
(If outside city or town limits, write "RURAL")

(d) Street No. 1020 North 8th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME HONEYCUTT, William H.

3. (b) If veteran, name war World I

3. (c) Social Security No. 432-18-1525

4. Sex Male (0) 5. Color or race White

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

6. (b) Name of husband or wife Nettie Honeycutt

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 11 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>8</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation Laborer Plant

11. Industry or business General Box Factory

MOTHER FATHER { 12. Name James Honeycutt

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

14. Maiden name Ida Brown

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

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 11/28/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director J. H. Bailey

(b) Address East St. Louis, Illinois

19. (a) 11-29-45 (b) E. V. Edwards
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26
year 1945 hour 9:50 minute A. M.

21. I hereby certify that I attended the deceased from October 15, 1945 to November 26, 1945; that I last saw him alive on November 26, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF STOMACH. ^{Unknown}
Contributory Cause.

~~22.~~ GLOMERULO-NEPHRITIS, CHRONIC WITH NITROGEN RETENTION. ^{Unknown}

Due to 46 hr

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

Major findings:
Of operations: No operation

Of autopsy: No autopsy

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

(a) Accident, suicide, or homicide (specify) No.

(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. V. Edwards (e) Means of injury _____

23. Signature E. V. EDWARDS, Lt. Col., M. D. or other M. C.,
Clinical Director.
Address Vet. Adm. Hosp. Jeff. Brks. Mo. Date signed 11/26/45

Duration

Unknown

Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

76
0
0

MAR 25 1948

DEC 19 1945

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.