

No. 2
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-5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38724**
9936
Registrar's No. **9936**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2216 South 12th St.
(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)

3. (a) PRINT FULL NAME Anton F. Honneck
3. (b) If veteran, name war No
3. (c) Social Security No. 702-09-0721

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 12th 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 7 6 hr. min.

9. Birthplace St. Louis - Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Mill Worker

11. Industry or business A.R.T. Co.

12. Name Anton F. Honneck

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

14. Maiden name Kate Eberle

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

16. (a) Informant John Honneck

(b) Address 3938a Shenandoah, St. Louis, Mo

17. (a) burial (b) Date thereof Nov. 22, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul Cemetery

18. (a) Signature of funeral director Wacker - Helderle

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) NOV 21 1946 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2216 South 12th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 18th
year 1946 hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
Cardiac Hypertrophy
Due to 92 a

Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations _____
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?
While at work _____ (Specify type of place)
(or) Means of injury _____

23. Signature [Signature] (M. D. or other) 3
Address [Signature] Date signed 11/21/46

(Licensed Embalmer's Statement on Reverse Side)

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

34500

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.....

Frank J. Myland

Licensed Embalmer No.....

2645

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.