

No. 300  
1-10-47  
5-17-39  
I 3908

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**FILED MAY 14 1948**  
310

DEPARTMENT OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**  
3058

Ar. County  
Den. Nat. P. **18755**  
State File No.  
80  
Registrar's No.

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
(a) County St. Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
549 Jackson Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life time  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Charles  
(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 549 Jackson Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Henry D. Honerkamp  
3. (b) If veteran, name war NIL  
3. (c) Social Security No. NIL

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Susan  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 5 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 5 25 hr. min.

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

10. Usual occupation Retired

11. Industry or business International Shoe worker

12. Name Matthew Honerkamp  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Clara M. (?)  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Adolph Honerkamp  
(b) Address 708 Clay-St. Charles, Mo.

17. (a) burial (b) Date thereof May 3-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
St. Peter Cemetery, St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Son  
(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) 5/3/48 (b) Frankie Hamilton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30  
year 1948 hour 4:45 minute P. M.

21. I hereby certify that I attended the deceased from April 14  
1948 to April 30, 1948  
that I last saw him alive on April 30, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Diplo pneumonia Duration 2 wks.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Arteriosclerosis - generalized  
(Include pregnancy within 3 months of death)  
Chronic valvular heart disease

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 977

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature G. J. Canty, M.D. (M. D. or other) \_\_\_\_\_  
Address St. Charles, Mo. Date signed 5-1-48

RECEIVED  
District Health Officer No. 9  
MAY 13 1948

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.....

Herbert C. Dallmeyer, Registered Apprentice No. 429  
working under my personal supervision.

Signed Joseph I. Landolt  
Licensed Embalmer No. 4189  
P. O. Address, St Charles

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.