

#90611

FEDERAL SECURITY AGENCY  
National Office of Vital StatisticsMISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34266

State File No. \_\_\_\_\_

FILED OCT 23 1948 318

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

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

Registrar's No. 8993

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis City Hospital-Max C. Starkloff  
 (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

PETER HONEFF

3. (b) If veteran,  
name war \_\_\_\_\_ no. \_\_\_\_\_3. (c) Social Security No.  
\_\_\_\_\_ unknown.

4. Sex Male. 5. Color or race White.  
 6. (a) Single, widowed, married, divorced Widowed.  
 6. (b) Name of husband or wife \_\_\_\_\_  
Eva Honeff, 6. (c) Age of husband or wife if  
 alive \_\_\_\_\_ Dec'd  
 7. Birth date of deceased October 25, 1875.  
 (Month) (Day) (Year)

8. AGE: — Years Months Days If less than one day  
72. 11. 21. hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired.11. Industry or business On Old Age Pension.12. Name Unknown. 913. Birthplace Unknown.  
(City, town, or county) (State or foreign country)14. Maiden name Unknown. 915. Birthplace Unknown.  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs Edna Kaemmerer.(b) Address 5786 Kingsbury Blv'd.,17. (a) burial. (b) Date thereof Oct. 18-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valhalla Cemetery.(a) Signature of funeral director C. R. Lupton & Sons.(b) Address #7233 Delmar Blv'd.,19. (a) OCT 18 1948 (b) J. A. Lupton  
(Date received local Registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County \_\_\_\_\_  
 (c) City or town St. Louis. 17  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4398 Olive Street, 9  
Memorial (If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16th  
 year 1948 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from 10/7/48  
 \_\_\_\_\_, 19\_\_\_\_, to Oct. 16th 19 48  
 that I last saw him alive on Oct. 16th 19 48  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Thrombosis of Middle  
Cerebral Artery

Duration

10 days

Due to

Arteriosclerosis

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 sta-  
tistically.

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? W. M. Lupton (Specify type of place) (e) Means of injury U23. Signature 1515 Lafayette (M.D. or other) UAddress \_\_\_\_\_ Date signed 10/18/48

(Licensed Embalmer's Statement on Reverse Side)

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

8668

**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

*Arnold W. Schoene*

Licensed Embalmer No.

*3864*

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.**