

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24880
6154

BIRTH NO. 39993-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY MO
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE MO b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis MO c. LENGTH OF STAY (in this place)
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis MO 2109

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St John's Hospital
STREET ADDRESS (If rural, give location) 3787 Lee ave 0

3. NAME OF DECEASED (Type or Print)
a. (First) Anthony b. (Middle) Jos c. (Last) HONARZ JR
4. DATE OF DEATH (Month) (Day) (Year) 7-9-51

5. SEX male 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) 0
8. DATE OF BIRTH 6/24/51 9. AGE (In years last birthday) 16 UNDER 1 YEAR UNDER 1 MONTH UNDER 1 WEEK

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St Louis MO 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Anthony Honarz 13b. MOTHER'S MAIDEN NAME G्रेस Bakk 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anthony Honarz 3787 Lee ave

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial Hemorrhage
ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 760:0

22. I hereby certify that I attended the deceased from July 9, 1951, to 7-9-51, 1951, that I last saw the deceased alive on July 9, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Eugene H. Ebel M.D. 23b. ADDRESS St John's Hospital 23c. DATE SIGNED July 10, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7/11/51 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St Louis MO

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. B. Lassiter 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Central Home 1841 Cassa

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No. *3749*

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.