

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 20 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 692

1003

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

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwooditchall		c. LENGTH OF STAY (in this place) 10 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 4693		d. STREET ADDRESS (If rural, give location) 110 N. Mitchell
d. FULL NAME OF HOSPITAL OR INSTITUTION 218 N. Clay					

3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) HONIG c. (Last) HONIG			4. DATE OF DEATH (Month) (Day) (Year) Feb. 28, 1953		
--	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 7, 1867		9. AGE (In years last birthday) 86	IF UNDER 1 YEAR 0 MONTHS 21 DAYS	IF UNDER 48 HRS. 0 HOURS 21 MIN.
--------------------	-------------------------------	---	--------------------------------------	--	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Broker		10b. KIND OF BUSINESS OR INDUSTRY Investments	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	---	--	---

13a. FATHER'S NAME Henry Honig		13b. MOTHER'S MAIDEN NAME Melinda Benjamin		14. NAME OF HUSBAND OR WIFE Sadye C. Honig	
---------------------------------------	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS R. J. Honig 650 W. Big Bend			
---	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infermities ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio Vascular Disease DUE TO (c) Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	----------------------------------	--	--	---	--

21a. ACCIDENT (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4221	
--	--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
--	--	----------------------------	--	--	--

22. I hereby certify that I attended the deceased from May, 1951, to July, 1953 that I last saw the deceased alive on July 21, 1953, and that death occurred at 1 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Theodore A. Sulist M.D.		23b. ADDRESS 2703 Laurence		23c. DATE SIGNED 3/1/53	
---	--	-----------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/4/53	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery St. Louis, Missouri		24d. LOCATION (City, town, or county) (State)	
--	-------------------------	--	--	---	--

DATE REC'D BY LOCAL REG. 3-2-53	REGISTRAR'S SIGNATURE Herbert R. Damb...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rindskopf, Inc., 5216 Delmar			
--	---	---	--	--	--

MAR 20 1953

STATEMENT BY LICENSED EMBALMER

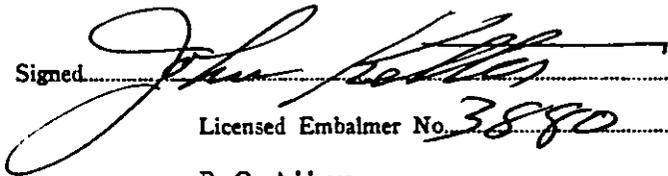
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 3880

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.