

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8380**

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| 1. PLACE OF DEATH a. COUNTY | | 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 town) St. Louis | | c. LENGTH OF STAY (in this place) 4 yrs. | c. CITY OR TOWN St. Louis |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 8567 Park Lane | | | |
| e. STREET ADDRESS 8567 Park Lane | | f. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or Print) | | 4. DATE OF DEATH | |
| a. (First) Thomas | b. (Middle) R. | c. (Last) Honich | (Month) (Day) (Year) Sept 12 1954 |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | 8. DATE OF BIRTH June 17, 1950 |
| 9. AGE (In years last birthday) 4 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |

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| 13a. FATHER'S NAME Dr. N. J. Honich | 13b. MOTHER'S MAIDEN NAME Marie Pohlmann | 14. NAME OF HUSBAND OR WIFE None |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Dr. N. J. Honich | ADDRESS 8567 Park Lane |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suppuration (non-traumatic) | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) following respiratory DUE TO (c) failure | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:00 A.M.**, from the causes and on the date stated above.

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| 22a. SIGNATURE Patrick J. Taylor | (Degree or title) | 22b. ADDRESS 300 Clark | 22c. DATE SIGNED 9/13/54 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 9/14/54 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) St. Louis Mo. |
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| DATE REC'D BY LOCAL REG. SEP 13 1954 | REGISTRAR'S SIGNATURE Charles Smith MD | 24. FUNERAL DIRECTOR'S SIGNATURE Buchholz Mortuary | ADDRESS 5967W Florissant |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Walter M. Beckel*.....
Licensed Embalmer No. *751*

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.