

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015940

STATE FILE NUMBER

FILED APR 28 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4070**

Health, Welfare, Public Service
0-300
1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
by auto

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Manchester 4000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET (If outside, give location) ADDRESS Clayton Road - RR #1	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First JOHN Middle H Last HONEFENGER		Month April Day 12th Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 17, 1938
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student at Westminster College		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Howard W. Honefenger		14. MOTHER'S MAIDEN NAME Helen Byers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Howard W. Honefenger		Address Clayton Road RR #1	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Osteogenic Sarcoma DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 1969			INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Oct 57 to April 12 58 and last saw ^{her} him alive on 4/12/58 Death occurred at 4:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul O. Hagemann (Degree or title) M.D.		22b. ADDRESS 3720 Washington Boulevard	
22c. DATE SIGNED 4/14/1958			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/15/1958	
23c. NAME OF CEMETERY OR CREMATORY Millersville Cemetery		23d. LOCATION (City, town, or county) (State) Taylorville, Illinois	
24. FUNERAL DIRECTOR C. R. Lupton & Sons ADDRESS 7233 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. APR 15 58	
		26. REGISTRAR'S SIGNATURE Paul Smith	

(Licensed Embalmer's Statement on Reverse Side)

3720 Washington Blvd.
Jefferson 1-6646
Hours: AFTER 1:30 P.M.

DEC 15 1961

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 Clarence H. Murr

Licensed Embalmer No. 40

P. O. Address St. Paul

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.