

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010577
STATE FILE NUMBER

Health,
Welfare
Public
Service

300
-57 6

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

MAR 30 1959 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Charles		c. CITY OR TOWN Saint Charles	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		d. STREET ADDRESS (If outside, give location) 727 Jackson	
3. NAME OF DECEASED (Type or print) First Middle Last Gertrude A. Honerkamp		4. DATE OF DEATH Month Day Year March 21, 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 28, 1880
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (City and state or country) Flint Hill, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Bernard Mette	
14. MOTHER'S MAIDEN NAME Josephine Kaulouff		15. NAME OF HUSBAND OR WIFE Casper Honerkamp	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. None	
18. INFORMANT William Honerkamp, St. Charles, Mo.		19. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema DUE TO (b) Acute Myocardial Infarction DUE TO (c) Arteriosclerotic Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension			INTERVAL BETWEEN ONSET AND DEATH 36 hr 48 hr 24 hr
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.) 4200	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Nov 1955 to March 21, 1959 and last saw her alive on March 21, 1959 Death occurred at 8:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W.H. Poggenmeyer MD		22b. ADDRESS St. Charles, Mo	
22c. DATE SIGNED March 24, 1959		23. NAME OF CEMETERY OR CREMATORY Borromeo Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 25, 1959	
23c. LOCATION (City, town, or county) Saint Charles, Mo.		23d. (State)	
24. FUNERAL DIRECTOR H.C. Dallmeyer & Sons, St. Charles,		25. DATE RECD. BY LOCAL REG. MAR 24-59	
26. REGISTRAR'S SIGNATURE Maree Wilson			

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 *Frank R. Amalson*

Licensed Embalmer No. *4832*

P. O. Address *St. Charles*

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.