MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014820
STATE FILE NUMBER

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 104

FILED MAY 9 1961

1. PLACE OF DEATH
a. COUNTY St. 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 St. Charles
Length of stay in 1b: 2 Months

c. CITY OR TOWN St. Charles
Inside Limits: Yes [X] No [ ]

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Charles Nursing Home
Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 329 Lindenwood St.
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Anna Middle Mary Last Honerkamp

4. DATE OF DEATH: Month April Day 30 Year 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 8/12/1881

9. AGE (last birthday): 79

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: Home Duties

11. BIRTHPLACE (City and state or country): Dardenne Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Honerkamp

13b. MOTHER'S MAIDEN NAME: Elizabeth Amptmann

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mr. Mak Honerkamp
Address: 329 Lindenwood St. Charles, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 54Y

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1960 to April 1961 and last saw her alive on April 27, 1961
Death occurred at 6 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm H Poggemeier (Degree or title) MD

22b. ADDRESS St Charles, Mo

22c. DATE SIGNED May 1, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/5/1961

23c. NAME OF CEMETERY OR CREMATORY: St. Theodores Cemetery

23d. LOCATION (City, town, or county) (State): Flint Hill Missouri

24. FUNERAL DIRECTOR: T.E. Pitman Funeral Home
ADDRESS: Wentzville, Mo.

25. DATE RECD. BY LOCAL REG.: May 1-61

26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

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 Sorlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

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.