MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020528
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4986

FILED MAY 23 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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2 208
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 16 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 8567 Park Lane
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 8567 Park Lane
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: NICHOLAS Middle: J Last: HONICH

4. DATE OF DEATH: Month: May Day: 14 Year: 1962

5. SEX: male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4/21/1908

9. AGE (last birthday): 54 years
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): physician

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): New York, New York

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

13a. FATHER'S NAME: Joseph Honich

13b. MOTHER'S MAIDEN NAME: Theresa Ingrish

14. NAME OF HUSBAND OR WIFE: Marie Honich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Marie Honich
Address: 8567 Park Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary heart disease
INTERVAL BETWEEN ONSET AND DEATH: 3 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 420.1

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 ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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. 1957, to May 14, 1962 and last saw him alive on May 14, 1962
Death occurred at 10:40 a.m., 5-14-62 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C J Wourn as (Degree or title) MD

22b. ADDRESS: 3720 Washington

22c. DATE SIGNED: 5-15-62

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

23b. DATE: May 18, 1962

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis Missouri

24. FUNERAL DIRECTOR: BUCHHOLZ MORTUARY
ADDRESS: 5967 W. Florissant Ave

25. DATE RECD. BY LOCAL REG.: MAY 16 1962

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 Alfred F Buchholz

Licensed Embalmer No. 4551

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.