

FILED FEB 24 1942

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 367

6
5
3

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1. PLACE OF DEATH

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Maplewood Nursing Home #4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 44 days
(Specify whether In this community years, months or days) 72 years

3. (a) PRINT FULL NAME Marian Elizabeth Hochschlager

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Geo. J. Hochschlager Sr

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Oct 12 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>4</u>	<u>3</u>	hr. min.

9. Birthplace Afton Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

12. Name Thomas H. Darlow

13. Birthplace 4 England
(City, town, or county) (State or foreign country)

14. Maiden name Helen C. Ashwell

15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. J. Hochschlager Sr

(b) Address 9708 Gravois Ave

17. (a) Burial (b) Date thereof 2-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Witteberg Funeral Home

(b) Address Witteberg Funeral Home

19. (a) FEB 17 1942 (b) C. J. McFarland
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 9708 Gravois
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 15
year 1942 hour X minute 09 P. M.

21. I hereby certify that I attended the deceased from Nov. 19 1939
to Feb 10 1942
that I last saw her alive on Feb 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Pontine Hemorrhage & Hemiplegia

Due to Toxic goiter

Due to _____

Other conditions (include pregnancy within 5 months of death) 63

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Harren Heyenga (M. D. or other)
Address 639 S. Kings Highway Date signed 2/17/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

C. H. Hoppe

Licensed Embalmer No.....

1861

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.