

**FILED AUG 3 1945**

**318**

Primary Registration District No.

**1003**

Registrar's No.

**6030**

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

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17  
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1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6546 Itaska Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community Life  
years, months or days)

3. (a) PRINT FULL NAME

Marguerite Neuhoff

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Ralph R. Neuhoff

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Aug (Month)

4 (Day) 1899 (Year)

8. AGE: Years Months Days If less than one day  
45 11 6 hr. min.

9. Birthplace Labadie Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Louis Hausmann

13. Birthplace Washington Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Sophie Ehlers

15. Birthplace Washington Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph R. Neuhoff Husband

(b) Address 6546 Itaska Ave

17. (a) Cremation (b) Date thereof: July 12 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Peetz Bros

(b) Address 3029 Lafayette Ave

19. (a) JUL 11 1945 (b) J. F. Buresch  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6546 Itaska Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1945 hour 8 PM minute 10 M.

21. I hereby certify that I attended the deceased from July 10/45  
to July 10/45, 1945 to July 10/45, 1945  
that I last saw her alive on July 10, 1945  
and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary Thrombosis Duration 30 minutes

Due to.....  
Due to.....  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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?

(Specify type of place)  
While at work?..... (e) Means of injury.....  
23. Signature F. Starchoff (M. D. or other)  
Address 3206 Lafayette Ave Date signed July 11/45

MOTHER FATHER

**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 Frank J. Dwyer

Licensed Embalmer No. 2245

P. O. Address St. Louis, Mo.

**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.**