

FILED MAR 72 1946
Registration District No. _____

Primary Registration District No. **6076**

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

1. PLACE OF DEATH: **St. Louis**
 (a) County **St. Louis**
 (b) City or town **Upland Park**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **3500 Avondale Ave.**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Louis**
 (c) City or town **Upland Park**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3500 Avondale Ave.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Marie Hoffschwelle**

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**

(b) Name of husband or wife **Henry H. Hoffschwelle** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **September 20 1887**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	5	0	hr. _____ min. _____

9. Birthplace **St. Louis Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **David Gerwe**

13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Schwartz**

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

16. (a) Informant **Henry H. Hoffschwelle**
 (b) Address **3500 Avondale Ave.**

17. (a) **Burial** (b) Date thereof **2/23/46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**
 (d) Signature of funeral director **Stroot-Carroll**
 (e) Address **4600 Natural Bridge Ave.**

19. (a) **2-23-46** (b) **[Signature]**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **2** day **20**
 year **46** hour **8** minute **05 A.M.**

21. I hereby certify that I attended the deceased from _____, 19____ to **2/20**, 19____
 that I last saw her alive on **2/17**, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary + Cardiac Failure**
 Duration _____

Due to: _____

Due to: **942**

Other conditions (Include pregnancy within 3 months of death) _____

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) _____ Means of injury _____

23. Signature **[Signature]** (M. D. or other) **DO**
 Address **7320 N. Louis Ave. Rd.** Date signed **2/22/46**

OCT 1 1948

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.....

Ben E. Hoffman

Licensed Embalmer No. *4306*

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.