

2-40  
39  
23159

Registration District No. 784

Primary Registration District No. J00

State File No. \_\_\_\_\_

Registrar's No. 1294

1. PLACE OF DEATH:

(a) County St. Louis Co

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

(c) Name of hospital or institution:  
Mother of Good Council Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis

(c) City or town Reveries Gardens  
(If outside city or town limits, write "RURAL")

(d) Street No. 9747 Diamond Drive  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Gertrude Hoffmann

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 \_\_\_\_\_ 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Feb. 27 Th 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 ----- 3 -- 24 -- hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Bernard Bockwinkel

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

14. Maiden name Mary Gilbers

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

16. (a) Informant Catharina Montrey

(b) Address 9747 Diamond Drive 1941

17. (a) Burial (b) Date thereof June 23 D  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N 14 Th Str

19. (a) JUN 21 1941 (b) TR Meyer M.D. PH  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20  
year 1941 hour 12 Noon minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1934  
\_\_\_\_\_, 19\_\_\_\_, to June 20, 1941;  
that I last saw her alive on June 20, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral  
embolism thrombosis

Due to degenerative heart  
disease 10 yrs.

Due to arteriosclerosis +  
hypertension 10 yrs.

Other conditions fracture of neck of  
(Include pregnancy within 3 months of death) left femur 2 1/2 mos.

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 1860  
18

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

(a) Accident, suicide, or homicide (specify) C.C.L.

(b) Date of occurrence \_\_\_\_\_

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

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

While at work? \_\_\_\_\_ (Specify type of place)  
by means of injury Fall

23. Signature Dr. J. Gulung (M. D. or other) M.D.

Address 3903 Ave Date signed 6/21/41

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

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.....

*Harry J. Schumacher*

Licensed Embalmer No. *2699*

P.O. Address. *732 Lemay*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

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