

S. No. 2  
-1-4-41  
5-17-39  
PI X26390

4465

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1973

FILED MAR 24 1979

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

1. PLACE OF DEATH: St. Louis, Mo.  
(c) County \_\_\_\_\_  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 yrs. 6 mos. 26 days  
(Specify whether \_\_\_\_\_)  
In this community About 71 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri  
(b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3635 Missouri  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME OTTILIA HOENIG  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 3  
year 1942 hour 5:20 minute A. M.

4. Sex Female  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Carl Hoenig  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 2, 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-1-41 19 to 3-3-42 19  
that I last saw her alive on 3-3-42 19  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

8. AGE: Years 71 Months 3 Days 1  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Arteriosclerotic Heart Disease  
Due to 7-1-41x

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

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Housework  
11. Industry or business William Schuchardt  
12. Name \_\_\_\_\_  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Marie Roofley  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

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

16. (a) Informant \_\_\_\_\_  
(b) Address 5400 Arsenal  
17. (a) Burial (b) Date thereof 3/4/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Mathews Cem.  
18. (a) Signature of funeral director Selken-Berg  
(b) Address 2842 Meramec St.  
19. (a) 3/8/42 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury \_\_\_\_\_  
23. Signature J. P. Riddiman (M. D. or other)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

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

Signed.....Loren E. Percy.....  
Licensed Embalmer No.....4094.....  
P. O. Address.....2842 Meramec St......  
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.**