

S. No. 2  
M-5-42  
5-17-39  
1. X32875

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4319

State File No. ....

ED MAR 15 1943

318

Primary Registration District No. 1003

Registrar's No. 2134

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:  
5474 Morganford  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ..... (Specify whether  
In this community ..... 2 years (Specify whether  
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. 5474 Morganford  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Margaret Hohnbaum

3. (b) If veteran, name war. --- (c) Social Security No. ---

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Fred Hohnbaum 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased. September 26, 1867  
(Month) (Day) (Year)

8. AGE: 75 Years 5 Months 8 Days If less than one day  
..... hr. .... min.

9. Birthplace Wartburg Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Jacob Studt

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

14. Maiden name Christina Althoff

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

16. (a) Informant Mrs. Erwin Storck

(b) Address 5474 Morganford

17. (a) Burial (b) Date thereof March 7, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holy Cross Cem. Wartburg

18. (a) Signature of funeral director Beiderwieden F. H. Inc

(b) Address 1936 St. Louis

19. (a) MAR 5 1943 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th  
year 1943 hour 1 minute 05 P.M.

21. I hereby certify that I attended the deceased from 2/21 1943, to March 4 1943  
that I last saw h. u alive on March 4 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Hemorrhage Duration 1 day

Due to: 93

Due to: Chronic Myocarditis ?

Other conditions (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?

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

23. Signature H. Schumacher (M. D. or other) 168119  
Address 168119 Date signed 3/7/43

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

MOTHER FATHER

Dr. Schmitt

9-10 a.m.

47789  
20168

**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 Theo. W. Berdewyden

Licensed Embalmer No. 506

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.**