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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19749

FILED JUN 30 1944

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 5605

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 5051 Rosa 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 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. 5051 Rosa Ave. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Greenwald

3. (b) If veteran, name war ------ 3. (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 John 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Novemeber (Month) 19 (Day) 1876 (Year)

8. AGE: 67 Years ~~88~~ Months 7 Days 0 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Hoffelder
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Daniels
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant George Greenwald

(b) Address 5051 Rosa Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/44 (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter and Paul

18. (a) Signature of funeral director Mr G. Mondell

(b) Address 1926 Allen Ave.

19. (a) JUN 21 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1944 hour 10 minute P M.

21. I hereby certify that I attended the deceased from May 27, 1944, to June 19, 1944 that I last saw her alive on June 19, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Clay Allen (M. D. or other)

Address 5912 So Kingshighway St Louis Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

JUL 31 1944

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 Wm C Moydell

Licensed Embalmer No. 11467

P. O. Address 1926 allen

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

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