

FILED OCT 23 1944

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5210 Paulian Pl.  
(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 Franklin  
(c) City or town Beaufort  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) N.R.  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Margaret Hoerath  
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife John Hoerath 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 20 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 5 25 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name Philip Meyer  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Barbara Ungerer  
15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. Hertlein  
(b) Address 5210 Paulian Pl.

17. (a) Burial (b) Date thereof 10-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beaufort, Missouri  
18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.

19. (a) OCT 16 1944 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15  
year 1944 hour 8 minute 45 P.  
21. I hereby certify that I attended the deceased from Oct 8 to Oct 15  
that I last saw her alive on Oct 12 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 1 20/30/44  
83  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Hypertension  
(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) (e) Means of injury \_\_\_\_\_  
23. Signature H. F. Bergman (M. D. or other) M.D.  
Address 3720 Washington Date signed 10/16/44

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

*Albert G. Hopper*

..... Licensed Embalmer No. 2971.....

..... P. O. Address.....

**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.**