

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

FILED DEC 2 1946 318

Primary Registration District No. **1003**

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:  
**3624 Wyoming**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **63-6-23** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Catherine Hoffstetter**

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

4. Sex **Female** Color or race **white**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Louis C.** (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **April 25th, 1883**  
(Month) (Day) (Year)

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

**63 6 22** hr. **23** min.

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

10. Usual occupation **Housework**

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

12. Name **Charles Windish**

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

14. Maiden name **Theresa Bosch**

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

16. (a) Informant **Armand A. Hoffstetter**

(b) Address **1336 Greentree Lane, Glendale**

17. (a) **burial** (b) Date thereof **11-20-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus**

18. (a) Signature of funeral director **R. Schumacher**

(b) Address **3013 Meramec.**

19. (a) **NOV 18 1946** (b) **J. F. Breneck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **no**

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **1617**

(d) Street No. **3624 Wyoming**  
(If rural, give location) **9**

(e) Citizen of foreign country? **no** (Yes or No) **0**

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **17th.**  
year **1946** hour **8** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Sept 15** 19**46** to **Nov 17** 19**46**  
that I last saw her alive on **Nov 16** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<b>Chronic myocarditis</b>	
<b>Chronic nephritis</b>	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations <b>1/21</b>	PHYSICIAN
Of autopsy	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)

Means of injury **0**

23. Signature **Otto C. Hansen** (M. D. or other) **0**

Date signed **11/18/46**

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**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 Francis Williamson  
Licensed Embalmer No. 3565  
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.**