

FILED JAN 7 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11253**

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: **5235 Alaska 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)

3. (a) PRINT FULL NAME **Pauline E. Hoertel**

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

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

6. (b) Name of husband or wife **Fred W. Hoertel** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **March 30 1875**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**71 8 29** hr. \_\_\_\_\_ min.

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

10. Usual occupation **Housewife**

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

12. Name **John Spahn**

13. Birthplace **Switzerland**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Schmidt**

15. Birthplace **Duesseldorf Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred W. Hoertel**  
(b) Address **5235 Alaska ave.**

17. (a) **Burial** (b) Date thereof **Jan. 2, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**

(b) Address **7814 S. Broadway**

19. (a) **DEC 30 1946** (b) **J. F. Bredack**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5235 Alaska ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **29**  
year **1946** hour **4** minute **15** A.M.

21. I hereby certify that I attended the deceased from **1/21** to **12/29**, 19**46**  
that I last saw her alive on **12/29**, 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of breast** Duration **3 yrs**  
Due to **General metastasis** **6 mos**

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

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

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 **L. A. McElhin** (M. D. or other) **John**  
Address **2608 N. Kingshighway** Date signed **1/27/46**

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

MOTHER FATHER

26088 Remington Co. Quincy

Box 0928  
9-12 am

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.