S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 6 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7435

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 391

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Shamrock Rest Home. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Wellston 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6418 Wellsmar Avenue. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Anton J. Maierhoffer.
3. (b) If veteran, name war None
3. (c) Social Security No. 494-03-3907
4. Sex Male ♂
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie Maierhoffer.
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased May 12, 1873. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	9	7	hr. min.

9. Birthplace Baden, (City, town, or county) Germany. 4 (State or foreign country)
10. Usual occupation Stationery Fireman. 1
11. Industry or business
FATHER
12. Name Karl Maierhoffer.
13. Birthplace (City, town, or county) Germany. 4 (State or foreign country)
MOTHER
14. Maiden name Wilhelmina Eifert.
15. Birthplace (City, town, or county) Germany. 4 (State or foreign country)
16. (a) Informant Mrs. Marie Maierhoffer. 1
(b) Address 6418 Wellsmar Avenue.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-1947. (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery.
18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) 2-24-47 (Date received local registrar) (b) Ruth I. Allen, M.S. (Registrar's signature) Bo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th. year 1947 hour 7 minute P.M. M.
21. I hereby certify that I attended the deceased from Jan 30 1947, to February 19, 1947, that I last saw him alive on February 17, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	1 yr
Due to Arteriosclerosis - Hypertension	5 yr
Due to 932	
Other conditions Left hemiparesis (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? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature Lewis Littmann (M. D. or other) MD
Address 8231 Clayton Rd Date signed 2/20/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lewis E. Littmann.
8231 Clayton Road.
Hours 3 to 5 P.M.
Parkview 0202

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 John Keller

Licensed Embalmer No. 3880

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.