

National Office of Vital Statistics

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5007 Lansdowne 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 **MARY GARTHOEFFNER**

3. (b) If veteran, name war **None** 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Late George M.** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Sep't. 19 1867**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 10 13 ..hr.min.

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

10. Usual occupation **Housework**

11. Industry or business.....
12. Name **Henry Grabenschoer**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Egenpoegler**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **George P. Garthoeffner**
(b) Address **5007 Lansdowne Ave.**

17. (a) **Burial** (b) Date thereof **8 5 47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **SS Peter & Paul Cem.**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**
(b) Address **4228 So. Kingshighway Bl.**

19. (a) **AUG 4 1947** (b) **J. J. Pudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **5007 Lansdowne Ave.** **9**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **2**
year **1947** hour **4:40** minute **A. M.**
21. I hereby certify that I attended the deceased from **August**
1947 to **Aug. 1 1947**
that I last saw her alive on **July 31 1947**
and that death occurred on the day and hour stated above.
Immediate cause of death **Uremia** **3 days**
Duration

Due to **Hypertensive Cardiovascular**
renal disease

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

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
Underline the cause of 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?.....

23. Signature **Paul J. Noto** (M. D. or other) **M.D.**
Address **2723 S. Kingshighway St.** Date signed **8-2-47**

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 *Richard W. Storvick*

Licensed Embalmer No. 4007

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.