

Dr. Herman 3701 Grandel Sq.  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 7 1951

6228  
State File No. 1966  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		REGISTRAR'S NO. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2148			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4923 Murdoch Ave</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) _____ c. (Last) <u>Horn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-28-1951</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>9-26-1867</u>			
9. AGE (In years last birthday) <u>83</u>		# UNDER 1 YEAR Months _____ Days _____		# UNDER 6 MRS. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Germany</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>George Hoffarth</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Hupp</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emanuel A. Mueller</u>				ADDRESS <u>4923 Murdoch Ave.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Ovaries with Metastases</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>Jan 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Ovaries with generalized metastases</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>175X</u>					
22. I hereby certify that I attended the deceased from <u>April 1947</u> , to <u>Feb 28 1951</u> , that I last saw the deceased alive on <u>Feb 27, 1951</u> , and that death occurred at <u>3:45 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Walter Herman MD</u>				23b. ADDRESS <u>3701 Grandel Square</u>		23c. DATE SIGNED <u>Feb 28, 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-2-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Paul Churchland</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>			
DATE RECORDED BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <u>J B Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ziegenheim Bros</u>				ADDRESS <u>6409 Gravois Ave</u>	

*Mel*

*72*

**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.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Lawrence M. Seymour*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4343*

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.