

300  
48

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14634

State File No. ....

318

1003

Registrar's No. 3787

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>3787</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri,</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis,</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital,</b>				• STREET ADDRESS (If rural, give location) <b>15 2913 Gasconade St., 21570</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Margaret</b>		b. (Middle) <b>T.</b>		c. (Last) <b>Hoffschwelle</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 13, 1956</b>	
5. SEX <b>Female,</b>		6. COLOR OR RACE <b>White,</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married,</b>		8. DATE OF BIRTH <b>January 13, 1885</b>	
9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri,</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>John C. Tumbach</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Schaeffer</b>		14. NAME OF HUSBAND/OR WIFE <b>William H. Hoffschwelle</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William H. Hoffschwelle, 2913 Gasconade St.</b>			
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) <b>Cardiac failure (coronary).</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b>Repair of large ventral hernia</b> rise to the above cause (a) stating the underlying cause last.  DUE TO (c) <b>Arteriosclerosis.</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <b>April 11, 1956</b>		19b. MAJOR FINDINGS OF OPERATION <b>large ventral hernia.</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>420.1</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>Apr 8</b> , 1956, to <b>Apr 14</b> , 1956, that I last saw the deceased alive on <b>Apr 14</b> , 1956, and that death occurred at <b>6:38 P.M.</b> , from the causes and on the date stated above, <b>16-56</b>							
23a. SIGNATURE <b>B. L. Sinner</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>16 Hampton Village</b>		23c. DATE SIGNED <b>7/16/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal.</b>		24b. DATE <b>4/17/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery,</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri,</b>	
DATE REC'D BY LOCAL REG. <b>APR 16 1956</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gebken-Benz Mortuary, 2842 Meramec St. St. Louis, 18, Mo.</b>			

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

(Licensed Embalmer's Statement on Reverse Side)

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 me, Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed Joe S. Benz .....  
Licensed Embalmer No. .... 421  
2842 Meran  
P. O. Address ..... St., Louis,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.