MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 791 1993

Township Primary Registration District No.

City (No. 2344 Dodier St. St. Ward)

File No. 3384

Registered No. 612

2. FULL NAME John Hoeflinger

(a) Residence. No. 2344 Dodier St. St., 20 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 3rd 1878

7. AGE: 52 YEARS | MONTHS: 3 | DAYS: 12 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Interior Decorator
(b) General nature of industry, business, or establishment in which employed (or employer) 223
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 1

PARENTS

10. NAME OF FATHER Frank Hoeflinger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany 15
12. MAIDEN NAME OF MOTHER Ellen Osborn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT Geo. L. Johnson
(Address) 5071 Durant ave.

15. FILED JAN 16 1931, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 Found dead

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 15 1931

17. No Physician in attendance
I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....
that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 9 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

195 Fuel Gas Poisoning

Whether accidental or intentional could not be ascertained

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John J. Hevey, M.D.

1/16, 1931 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery | DATE OF BURIAL: Jan. 17 1931

20. UNDERTAKER: John A. Genteman | ADDRESS: 5077 Durant ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.