

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

Do not use this space.

10376

**1. PLACE OF DEATH**

County .....

Registration District No. 791

Township .....

Primary Registration District No. 1013

City St. Louis (No. City Hospital)

File No. ....  
Registered No. 2398  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 700 So. 2nd St., 12 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar, 12, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1932 to Mar 12th, 1932  
I last saw him alive on Mar. 12th, 1932 Death is said to have occurred on the date stated above, at 11:05 a.m.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>75</u>	<u>4</u>	<u>10</u>	

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

Cerebral Hemorrhage  
Other contributory causes of importance: Ch. Myocarditis  
Hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Frank Hoepfer

Name of operation Cerebral Date of 9-12-32  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hospital Information

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Mary's DATE 3-15 1932

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER (ADDRESS) F. Schumacher 3013 Meramec St.

20. FILED MAR 14 1932 Registrar.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify Stroke  
(Signed) Frank J. Harrison, M. D.  
(Address) City Hospital

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

14-2-20