

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

Do not use this space.

28268

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis, mo. (No. 5752, St. Louis)

File No.....
Registered No. **7402**
St..... Ward)

2. FULL NAME

Mary M. Hoefel
(a) Residence, No. 15752 St. Louis ave. St. 6 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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Hoefel</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 12, 1860</u> | | | | |
| 7. AGE | YEARS <u>73</u> | MONTHS <u>6</u> | DAYS <u>13</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u> | | | |
| | 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 | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington, Mo.</u> | | | | |
| MOTHER / FATHER | 13. NAME <u>Henry Merke</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u> | | | |
| | 15. MAIDEN NAME <u>Margaret M. Albis</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | | | |
| 17. INFORMANT (ADDRESS) <u>John Merke</u> <u>5752 St. Louis</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cem.</u> DATE <u>Aug. 28, 1933</u> | | | | |
| 19. UNDERTAKER (ADDRESS) <u>Bensick-Nichaus</u> <u>4381 So. 6th St.</u> <u>St. Louis, Mo.</u> | | | | |
| 20. FILED <u>160 28 1933</u> <u>J. J. Briedeck</u> Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25, 1933

22. I HEREBY CERTIFY That I attended deceased from Aug. 15th, 1933, to Aug. 25, 1933
I last saw h. alive on Aug. 25th, 1933 Death is said to have occurred on the date stated above, at 9:50 a.m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Cerebral Apoplexy, Aug 15/33

Other contributory causes of importance:
Arterio Sclerosis

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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.

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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Theo. W. Conzelmann, M. D.
(Address) 5043 Vermon Ave

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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