

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

Do not use this space.

28204

1. PLACE OF DEATH **16 1935**

County Registration District No.
Township Primary Registration District No.
City St. Louis, (No. 4943, Liburn Ave.) St. Ward) 7343

2. FULL NAME Edward S. Hoepferlin
(a) Residence, No. 4943 Liburn St. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. 7 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 31, 1894</u>		
7. AGE YEARS <u>40</u>	MONTHS <u>7</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Chauffeur</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Fishel Meats Co.</u>		
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>Evansville Ind.</u>		
13. NAME <u>John Hoepferlin</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>		
15. MAIDEN NAME <u>Mary Blun</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Evansville Ind.</u>		
17. INFORMANT (ADDRESS) <u>Minnie C. Hoepferlin</u> <u>4943 Liburn Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cem.</u> DATE <u>Aug 31, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Math. Kern and Son</u> <u>316 E. Gay St.</u>		
20. FILED <u>6661 62 007</u> 19 <u>27</u> <u>Predeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-8- 1935 to 18-28- 1935
I last saw him alive on 8-28- 1935. Death is said to have occurred on the date stated above, at 7:30 p. m.
The principal cause of death and related causes of importance were as follows:
Uremia
Ch. interstitial nephritis
Ca of sigmoid Colostomy
Other contributory causes of importance.....
Name of operation Colostomy Date of 11/5/31
What test confirmed diagnosis? Was there an autopsy? No

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) W. F. Yeun M. D.
(Address) 3115 D. Grand

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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