

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

37591  
Do not use this space.

DEC 12 1938

**1. PLACE OF DEATH**

(a) County..... 2 Registration District No. .... 791  
 (b) Township..... 1 Primary Registration District No. ....  
 (c) City..... St. Louis (d) Street No. 2122 Stansbury St. Registered No. 9918  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Fred Hoepfner

(a) Residence, No. 2122 Stansbury St. 24 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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 1872		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14 1872		
7. AGE YEARS 66	MONTHS 0	DAYS 1
If LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Motorman		
9. Industry or business in which work was done, as saw mill, bank, etc. Street car		
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) Milwaukee Wisc.		
13. NAME Unknown		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....		
17. INFORMANT (ADDRESS) Frank Fitzenrieder 2235 Montana Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Milwaukee, Wisc. DATE Nov 18 1938		
19. FUNERAL DIRECTOR (ADDRESS) Schumacher Und Co. 3013 Keramec St.		
20. FILED NOV 17 1938 J. J. Bredeck Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1938

22. I HEREBY CERTIFY That I attended deceased from Nov. 15 1938 to Nov. 15 1938  
 I last saw him alive on Nov. 15 1938 Death is said to have occurred on the date stated above, at 9:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
 Cerebral Apoplexy -  
 Date of onset

Other contributory causes of importance:

Name of operation none Date of.....  
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury....., 19.....  
 Where did injury occur? Home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify Rudolph S. Witt, M. D.  
 (Signed) Rudolph S. Witt, M. D. (Address) 3805th St. Broadway

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.

STATEMENT BY LICENSED EMBALMER

I, Henry J. Orleau, Licensed Embalmer No. 2906  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed Henry J. Orleau  
Licensed Embalmer No. 2906

**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.)**