

REC'D FEB 10 1939

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

249
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township 1 Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. 3026 Utah Registered No. 249 St. 1
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Anna Hoefel

(a) Residence, No. 3026 Utah St. St. 16
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 5 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as 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) St. Louis
 (STATE OR COUNTRY) Missouri

13. NAME Adam Doetzel

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

15. MAIDEN NAME Johanna Koch

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

17. INFORMANT Mrs. Johanna Eckrich
 (ADDRESS) 3026 Utah St.

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter & Paul Cm. DATE 1/9/39

19. FUNERAL DIRECTOR (NAME) Weick Bros. Und. Co
 (ADDRESS) 2201 S. Grand Bldg.

20. FILED JAN 8 1939
J.P. Brudick Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1936 to Jan. 6, 1939

I last saw her alive on Jan. 26, 1939 Death is said to have occurred on the date stated above, at 7 P.M.

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance, Atherosclerosis

Name of operation Date of

What test confirmed diagnosis? Ch. Finley 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

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?

If so, specify Frank J. Schwegel M. D.

(Address) 2800 Chippewa St.

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.

1 X14025

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Nancy Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.)

If this body is not embalmed, above space should be left blank.