

REC'D FEB 10 1939

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

509
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No..... 791
(b) Township..... Primary Registration District No..... 1008
(c) City St. Louis or St. Louis (d) Street No. 4219 Athlone Ave St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

Registered No. 509

2. PRINT FULL NAME

156 Stephen Hoffmeier
(a) Residence, No. 4219 Athlone Ave St. 10
(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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Antoinette Schmidinder Hoffmaier</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 16th 1869</u> | | |
| 7. AGE | YEARS <u>69</u> | MONTHS <u>0</u> |
| | DAYS <u>28</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Carpenter</u> | |
| | 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) (STATE OR COUNTRY) <u>St. Louis Missouri</u> | | |
| FATHER | 13. NAME <u>Hy Hoffmaier</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| MOTHER | 15. MAIDEN NAME <u>Bertha Simon</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| 17. INFORMANT (ADDRESS) <u>Mrs Antoinette Hoffmaier 4219 Athlone Ave</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Jan 19th 1939</u> | | |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Stroot - Carroll 4600 Natural Bridge Ave</u> | | |
| 20. FILE <u>JAN 16 1939</u> <u>J. B. Brueck</u> Local Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14th 1939

22. I HEREBY CERTIFY, That I attended deceased from July 30 1936, to Jan 14 1939
I last saw him alive on Jan 14 1939. Death is said to have occurred on the date stated above, at 10.30pm
The principal cause of death and related causes of importance were as follows:

| | |
|---|---|
| Date of onset | <u>Jan 12-39</u> |
| Prepared by | <u>Prepared by Peppie (Sister) Nelson Jan 12-39</u> |
| Other contributory causes of importance: | <u>Paralytic illness Jan 12-39</u> |
| Name of operation | <u>no</u> Date of |
| What test confirmed diagnosis? | <u>Cl. autopsy</u> Was there an autopsy? <u>yes</u> |
| 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? If so, specify (Signed) <u>Albert J. Moad</u> , M. D. (Address) <u>2743 No Grand Blvd</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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 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

Sheldon Collier

Licensed Embalmer No. *3382*

P. O. Address.....

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.