

FILED MAR 17 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1814

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3424 A Arsenal
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
 (c) City or town St. Louis 167
(If outside city or town limits, write "RURAL")
 (d) Street No. 3424 Arsenal 9
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Fred Hofmeister

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July 12 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>7</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business _____

MOTHER FATHER { 12. Name Geo. Hofmeister
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Not known
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Hofmeister
 (b) Address 3424 a Arsenal St.

17. (a) Burial (b) Date thereof 3-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset

18. (a) Signature of funeral director A. Schumacher

(b) Address 3013 Meramec St.

19. (a) FEB 27 1942 F. Bredend
(Date of final registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26
 year 1942 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 1940 to February 1942
 that I last saw him alive on February 11 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid fever Duration _____

Due to Chloric Salicylic

Due to _____

Other conditions 83
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations 032
 Of autopsy _____
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
 While at work? _____ (e) Means of injury D

23. Signature Ernest M. ... (M. D. or other) _____
 Address ... Date signed Feb 27 1942

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3548 Clarence

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.....

Clarence Kochow

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Clarence Kochow

Licensed Embalmer No.....

3093

P. O. Address.....

3013 Meramec

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, fact should be so stated above.