

FILED JUL 13 1942

Registration District No. **791**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Saint Louis, Missouri.**
(b) City or town **Saint Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Lutheran Hospital**
(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 **Missouri.** (b) County **17**
(c) City or town **Saint Louis, 92**
(If outside city or town limits, write "RURAL")
(d) Street No. **4962 Nagel Ave.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **26th**,
1942 year **1942**. hour **11** minute **10 A. M.**

21. I hereby certify that I attended the deceased from
May 15 1942 to June 26 1942
that I last saw **her** alive on **June 26**
and that death occurred on the date and hour stated above. **1942**

Immediate cause of death **Acute Coriary Obliteration** **1 day**
Coriary Infarct **5 days**

Due to **Myocarditis, Chv**

Due to **930**

Other conditions **43**
(Include pregnancy within 3 months of death)

Major findings: **Large Fibroid Uteri**
Of operations **Non-malignant**
Of autopsy.....

Duration
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?

While at work? (Specify type of place) (e) Means of injury **0**
23. Signature **Edmond Bernot** (M. D. or other)
Address **1504 La Grand Blvd** Date signed **6/27/42**

3. (a) PRINT FULL NAME **Elsie D. Hofmeister,**

3. (b) If veteran, name war..... 3. (c) Social Security No. **495-16-9883**

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

6. (b) Name of husband or wife **Harry H. Hofmeister** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **September 27th, 1888.**
(Month) (Day) (Year)

8. AGE: **53** Years **8** Months **29** Days If less than one day hr. min.

9. Birthplace **Saint Louis, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House-wife**

11. Industry or business.....

12. Name **Edward Drumm**

13. Birthplace **Saint Louis, Missouri.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**
15. Birthplace **Unknown Missouri.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry H. Hofmeister**
(b) Address **4962 Nagel Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 29, 1942.**
(Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park.**

18. (a) Signature of funeral director **Ziegenhain Bro.**
(b) Address **6409 Gravois Ave.**

19. (a) **JUL 23 1942** (Date received local registrar) (b) **J. F. Prudek** (Registrar's signature)

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

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17
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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

Juddie A. Ziegenhain

Licensed Embalmer No. *2270*

P. O. Address. *6409 Gravois*

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.