

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 27 1943 18

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 4597

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:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether _____)
In this community 50 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5241 Bonita
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martin Hoepfler

3. (b) If veteran, name war none
3. (c) Social Security No. 493-10-0106

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 7 1979
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 7 10 hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER FATHER

10. Usual occupation Salesman

11. Industry or business _____

12. Name not known

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 Leona Hoffmann

(b) Address 5241 Bonita

17. (a) Burial (b) Date thereof 5-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. S. S. Peter & Paul

18. (a) Signature of funeral director John E. Ziegenhain & Sons

(b) Address 7027 Gravois

19. (a) MAY 10 1943 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1943 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from November 9 - 1942 to May 17 - 1943
that I last saw him alive on May 17 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Intestines 8 mo.
Carcinosis of Liver 1 yr.

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

Major findings: Of operations _____
Of autopsy _____

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 _____

23. Signature Robert Reichardt (M. D. or other) MD
Address 3548 S. Grand Date signed 7/18/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MAY 18 1943

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 G. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Graves

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.