

15025

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **11744**

FILED JAN 4 1948
Registration District No. **248**

Primary Registration District No. **1003**

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

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: St. Anthony 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,
(If outside city or town limits, write "RURAL")

(d) Street No. 3324-A Ohio Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Hoefener

3. (b) If veteran, name war _____ 3. (c) Social Security No. 497-03-3215

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

6. (b) Name of husband or wife Marie Hoefener 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April 13th, 1872.
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Watchman

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Hoefener

{ 13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Hoefener

(b) Address 3324-A Ohio Ave.

17. (a) Burial Burial (b) Date thereof Dec. 27, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Ziegenhain Bros.

(b) Address 6409 Gravois Ave.

19. (a) DEC 27 1943 (b) J.F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23rd.
year 1943. hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov 23 1943 to Dec 23 1943,
that I last saw him alive on Dec 23 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic Myocarditis _____

Due to Chn. Hypertension _____

Due to Chn. Hypertension for 2 mo _____

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

Major findings: _____ PHYSICIAN _____
Of operations _____
Of autopsy _____
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) no

(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 J.F. Bredeck (M. D. or other) MD
Address 5417 St. Grand Blue Date signed 12-24-43

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 *V. E. Morris*

Licensed Embalmer No. 3360

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, fact should be so stated above.