No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

444

FILED JAN 20 1944 318

Registration District No.

Primary Registration District No. 1003

State File No.

Registrar's No. 244

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:
City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Hour (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 00

(a) State Missouri (b) County 12

(c) City or town St. Louis 27
(If outside city or town limits, write "RURAL")

(d) Street No. 5222 Oriole Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Carl C. Hofmeister

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Kate Hofmeister nee Puhl

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March 16, 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	9	22	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Electrican

11. Industry or business

FATHER
12. Name John Hofmeister
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Barbara Whitmann
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs Kate A. Hofmeister

(b) Address 5222 Oriole Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/44 (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JAN 10 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7th year 1944 hour 1:40 PM minute M.

21. I hereby certify that I attended the deceased from about July 1938 to Jan 7 1944 that I last saw him alive on Jan 6 11 pm 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	2 yrs.
Progressive Spinal Muscular atrophy	10 yrs
Due to Chr poliomyelitis	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none 82.1
Of autopsy none

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) 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Charles W Harris MD (M. D. or other)

Address 5346 Oriole Date signed 1/8/44

(Licensed Embalmer's Statement on Reverse Side)

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.....Francis A. Williams

Licensed Embalmer No.....3565

P. O. Address.....St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.