

No. 2
-5-43
-17-39
X36671

FILED JAN 12 1944
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2130 Fair Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 80 Years (Specify whether years, months or days)

In this community 80 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2130 Fair Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph Hotfelder

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Louise Hotfelder

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

7. Birth date of deceased Sept. 10. 1850
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>93</u>	<u>3</u>	<u>23</u>	hr. min.

9. Birthplace Westphalen, Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Police Officer

MOTHER FATHER

11. Industry or business 4

12. Name Joseph Hotfelder

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

14. Maiden name Elizabeth Obermeier

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

16. (a) Informant Elizabeth Hotfelder

(b) Address 2130 Fair Ave.

17. (a) Burial (b) Date thereof 1/7/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calyary

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blyd.

19. (a) JAN 4 1944 (b) J. J. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan. day 3
year 1944 hour 11 minute 30 Am.

21. I hereby certify that I attended the deceased from December 25, 1943 19 to Jan. 3, 1944 19 ;
that I last saw him alive on Jan. 3, 1944 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac asthma, 10 days to my knowledge

Due to General arterio sclerosis.

Other conditions 95
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? -----

23. Signature [Signature] (Specify type of place) -----
While at work? ----- (e) Means of injury -----

Address 320 Metropolitan Bldg. Date signed 1/4/44

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..... *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address..... *2117 E. Grand*

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.