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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4313

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 338

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town ~~Clayton~~ Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community Since Birth years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4350 Warne Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOSEPH J. HOEPFFMER

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dora (nee Sandaw)

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 28, 1875 (Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 11 If less than one day hr. min.

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

10. Usual occupation Jeweler

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Dora Hoepffner
(b) Address 4350 Warne Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/44 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue

19. (a) FEB 9 - 1944 (Date received local registrar) (b) E. G. McGaveran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8 year 1944 hour 2 minute 25 AM.

21. I hereby certify that I attended the deceased from June 16 1943, to Feb. 8 1944 that I last saw him alive on Feb. 7 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 17 days

Due to Arteriosclerosis — 2 years

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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

23. Signature J. W. Macdonald (M. D. ~~or other~~)

Address 539 N. Grand Date signed 2-8-44

107 (Licensed Embalmer's Statement on Reverse Side)

JUN 2 1944

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 Gustav W. Dietle

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo

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.