

FILED SEP 30 1944

Registration District No. 518

Primary Registration District No. 1003

State File No. 29437

Registrar's No. 8049

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

no
17
9

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:
Mo. Baptist Hospital.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution One day
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME Andrew C. Hoffer.

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 Married

6. (b) Name of husband or wife Lucile Hoffer. 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased December 3, 1893.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	9	14	hr. min.

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

10. Usual occupation Invade 15 years

11. Industry or business.....

MOTHER FATHER { 12. Name Andrew C. Hoffer.

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

{ 14. Maiden name Minnie Mitchell.

{ 15. Birthplace ? Illinois.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucile Hoffer.

(b) Address 6518 Glenmore Avenue.

17. (a) Burial (b) Date thereof 9/20/1944.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) SEP 20 1944 (b) J. F. Beadeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis ⁹⁶

(c) City or town Uplands Park Village. ^{NR}
(If outside city or town limits, write "RURAL")

(d) Street No. 6518 Glenmore Avenue.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, 17th, year 1944 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 11 to Sept 17, 1944
 that I last saw h in-alive on Sept 17, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation
Multiple Sclerosis

Due to Multiple Sclerosis

Due to Chronic Endocarditis
and myocarditis

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 92
 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).....

(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 L. H. Kalker (M. D. or other)
(Specify type of place) (e) Means of injury.....

Address 312 1/2 Grand Date signed 9/18/44

Dr. C. H. Kilker.
3121 North Grand.
Telephone Franklin 1244
Hours 10 to 12 Noon. *2 to 4*

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 *Ben E. Hoffman*

Licensed Embalmer No. *14366*

P. O. Address *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.