

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED MAR 27 1946
318

Registration District No. **1003**

Registrar's No. **2606**

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

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:
4139 Miami St. /
(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)

3. (a) PRINT FULL NAME **Elizabeth Hoffmeister**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No..... **No**

4. Sex **Female** / **5. Color or race** **White**

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

6. (b) Name of husband or wife **Christian Hoffmeister**

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

7. Birth date of deceased **October 2 1852**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
93	5	14	hr. min.

9. Birthplace **Bavaria** **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business

12. Name **Peter Fendler**

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

14. Maiden name **Margaret Bott**

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

16. (a) Informant **George W. Hoffmeister**

(b) Address **956 Bellerive Blvd.**

17. (a) Burial **(b) Date thereof** **March 20, 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old St. Peter & Paul Cem
C. Hoffmeister Colonial Mortuary**

18. (a) Signature of funeral director **(b) Address** **6464 Chippewa st.**

19. (a) Signature **J. F. Buresch** **(b) (Date received local registration)** **MAR 19 1946**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **020**

(c) City or town..... **St. Louis** **17**
(If outside city or town limits, write "RURAL")

(d) Street No. **4139 Miami st.** **169**
(If rural, give location)

(e) Citizen of foreign country?..... **no** (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **16**
 year **1946** hour **4** minute **12 p.m.**

21. I hereby certify that I attended the deceased from **January 19 24** to **March 16 19 46**
 and that I last saw her alive on **March 15 19 46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Right cerebellar hemorrhage.** **Duration** **about 24hrs**

Due to **arterial sclérosis**

Due to

Other conditions **8 2 1**
(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?.....

While at work?.....
(Specify type of place) Means of injury **0**

23. Signature **A. L. Kott** **(M. D. or other)**
 Address **3606 E. 24th** Date signed **2/19/46**

2-4-32 PM

Dr. L. Hertel
600 Broadway

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 Harry J. Schumacher
Licensed Embalmer No. 2679
P. O. Address. 7814 S. Broadway

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.