

S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36871

Registration District No. **318** Primary Registration District No. **1003**

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:  
**Desloge**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 days**  
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **1928 Adelaide**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Fred Hoffmeyer**

3. (b) If veteran, name war **No** 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 **--** 6. (c) Age of husband or wife if alive **--** years

7. Birth date of deceased **Ger May 13, 1864**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **3**  
year **46** hour **12** minute **12** P.M.

21. I hereby certify that I attended the deceased from **3/1/46**  
to **3/3/46**

that I last saw him alive on **3/3/46** and that death occurred on the date and hour stated above.

Immediate cause of death:  
**Chronic myocarditis  
P.O. shock**

Due to **127**

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years **81** Months **9** If less than one day **18** hr. min.

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

10. Usual occupation **Retired Builder**

Major findings: **pyloric stenosis  
& esophagus dist obstruction**

Of operations **4**

Of autopsy **4**

PHYSICIAN **127**

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name **Anton Hoffmeyer**

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

14. Maiden name **Cecelia Schrachler**

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

16. (a) Informant **Teresa Burnes**  
(b) Address **1928 Adelaide Ave.**

17. (a) Burial **Calvary Cemetery** (b) Date thereof **Mar. 6'46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bromschwig Funeral Home**

18. (a) Signature of funeral director **4746 W. Florissant Ave.**  
(b) Address **4746 W. Florissant Ave.**

19. (a) **MAP 4 1946** (b) **J. F. Bredich**  
(Date received local registrar) (Registrar's signature)

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? **Yes** Means of injury **6**

23. Signature **Warren J. Mantor** (M. D. or other)  
Address **607 - 11 Grand** Date signed

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

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**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..... *J. W. Wilkinson* .....

Licensed Embalmer No. *3575* .....

P. O. Address.....

**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.**