

No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15192**
Registrar's No. **4166**

FILED MAY 1 1947

318

1003

Registration District No. _____ Primary Registration District No. _____

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:
4240 W Margaretta Ave.
(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)

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..... **4240 W Margaretta Ave.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Leo Hoeflinger**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife..... **Louise Holtz Hoeflinger** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **March 1 1875**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	1	20	hr. _____ min. _____

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

10. Usual occupation **Oilier**

11. Industry or business.....

12. Name **Joseph Hoeflinger**

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

14. Maiden name **Ellen Osburn**

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

16. (a) Informant **Louise Hoeflinger**

(b) Address **4240 W Margaretta Ave.**

17. (a) **Burial** (b) Date thereof **4/24/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (c) Signature of funeral director **Stroot-Carroll**

(b) Address **4600 Natural Bridge Ave.**

19. (a) **APR 22 1947** (Date received local registrar) **L. F. Bredek** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **21** year **1947** hour **2** minute **A** M.

21. I hereby certify that I attended the deceased from **April 1-47** to **April 21 1947** and that death occurred on the date and hour stated above.
that I last saw h. **im** alive on **April 20 1947**

Immediate cause of death **Cerebral Hemorrhage** Duration **10 Day**

Due to..... **Hypertension**

Due to..... **Ch. myocarditis** **2 yrs**

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

Major findings: Of operations..... **9/3**

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?.....

While at work?..... (Specify type of place) (e) Cause of injury.....

23. Signature **J. J. Miller** (M. D. or other) **MD**

Date **4/22/47**

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 Hoffman*.....

Licensed Embalmer No. *4366*.....

P. O. Address *Lawrence, 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.