. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 20 1947

Registration District No. 3

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 36465

Registrar's No. 2163

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No.: 7620 Marion Ct.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: George M. Hoefer
3. (b) If veteran, name war: No
3. (c) Social Security No.: Unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Atheleen Hoefer
6. (c) Age of husband or wife if alive: 29 years
7. Birth date of deceased: April (Month) 30 (Day) 1913 (Year)

8. AGE: Years 34 | Months 5 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Postal Employee
11. Industry or business .....

MOTHER
12. Name: George R. Hoefer
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

FATHER
14. Maiden name: Elsie Harrington
15. Birthplace: De Soto (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Atheleen Hoefer
(b) Address: 7620 Marion Ct.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Bellefontaine Church Cemetery
18. (a) Signature of funeral director: Fred. M. Williams
(b) Address: 4535 Washington Blvd.
19. (a) 10-14-47 (Date received local registrar) (b) Earl J. Shultz M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 13 year: 1947 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from 5-13, 1947, to 10-10, 1947, that I last saw him alive on ....., 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial infarction	sudden
Due to: Coronary thrombosis	sudden
Due to: Coronary disease	5 mo.
Other conditions (Include pregnancy within 3 months of death): none	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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: 0
23. Signature: Hanford Phillips (M. D. or ~~other~~)
Address: 1117 N. Union Date signed: 10-14-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 1 9 1948

NOV 1 0 1947

NOV 4 1947

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 Ernest W. Spillers

Licensed Embalmer No. 4080

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.