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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10283

FILED APR 3 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2740

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: 5349 Maffitt Ave. (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: Mo. (b) County
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 5349 Maffitt Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME: Joseph X. Hoeferlin
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Anita Hoeferlin
6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: Apr. (Month) 24 (Day) 1901 (Year)

8. AGE: Years 46 | Months 10 | Days 24 | If less than one day hr. min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Meat Inspector
11. Industry or business: A & P Grocery Co.

MOTHER FATHER
12. Name: John Hoeferlin
13. Birthplace: Ind. (City, town, or county) (State or foreign country)
14. Maiden name: Mary Blum
15. Birthplace: Ind (City, town, or county) (State or foreign country)

16. (a) Informant: Anita Hoeferlin
(b) Address: 5349 Maffitt Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla
18. (a) Signature of funeral director: Drehmann-Harral
(b) Address: 1905 Union Blvd.
19. (a) MAR 19 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1948 hour 8 minute 50 a. M.
21. I hereby certify that I attended the deceased from 12-15- 1947 to 3-18- 1948 that I last saw him alive on 3-18- 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gen. carcinomatosis of abdomen	?
Due to: Ca of transverse colon	?
Due to: Primary site-colon	
Other conditions (Include pregnancy within 3 months of death): —	

Major findings: Of operations: above
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

23. Signature: W. F. Keen (M. D. or other)
Address: 1203 Chippewa Date signed: 3/18/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Warren A Carver

Licensed Embalmer No. 3534

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.