

No. 2
-1/47
5-17-39

14216
14216

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics
FILED APR 23 1948

Registrar's No. 3387

Registration District No. 318

Primary Registration District No. 1003

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.....
4002 1/2 JUNIATA 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MISSOURI (b) County..... 000
(c) City or town..... ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4002 1/2 JUNIATA ST. 9
(If rural, give location)
(e) Citizen of foreign country? .. No (Yes or No) 10
If yes, name country.....

3. (a) PRINT FULL NAME..... Fred Hoefel SR.
3. (b) If veteran, name war..... NONE
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... April day..... 6
year..... 1948 hour..... 9 minute..... 45 a.m.
21. I hereby certify that I attended the deceased from.....
2-4-48, 19..... to..... 4-6-48, 19.....
that I last saw him alive on..... 4-6-48, 19.....
and that death occurred on the date and hour stated above.

4. Sex..... MO 5. Color or race..... W
6. (a) Single, widowed, married, divorced..... Widowed
6. (b) Name of husband or wife..... wife
Josephine Hoefel 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased..... JAN 26, 1857
(Month) (Day) (Year)

Immediate cause of death.....
Cerebral Hemiplegia 4 days
Due to..... Arteriosclerosis 10 yrs

8. AGE: Years Months Days If less than one day
91 2 10 hr. min.

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

9. Birthplace..... Germany II
(City, town, or county) (State or foreign country)
10. Usual occupation..... Retired Baker
11. Industry or business..... Retired
12. Name..... Michael Hoefel
13. Birthplace..... Germany II
(City, town, or county) (State or foreign country)
14. Maiden name..... Anna Canzelman
15. Birthplace..... Germany II
(City, town, or county) (State or foreign country)

Major findings: ..
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant..... Fred Hoefel Jr.
(b) Address..... 3685 BelleRive Blvd.
17. (a) BURIAL (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... ST. Matthew's Cem.
18. (a) Signature of funeral director..... With Dues of U. Ca.
(b) Address..... 2729 S. Jeffrey Ave.
19. (a) APR 8 1948 (b) J. Z. Brennan
(Date received local registrar) (Registrar's signature)

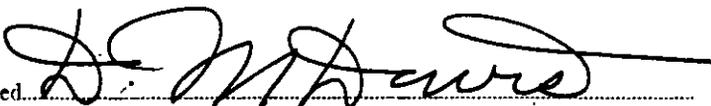
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature..... E. A. Vogel (M. D. or other) M.D.
Address..... 3325 S. Grand Date signed..... 4-7-48

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

MOTHER FATHER

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 

Licensed Embalmer No. 374

P. O. Address 2929 Jefferson av

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.