

National Office of Vital Statistics  
FILED JUL 28 1948

Registration District No. .... 318

Primary Registration District No. .... 1003

Registrar's No. ....

## 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.....  
4528 Alcott 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)3. (a) PRINT FULL NAME..... Joseph H. Hoeflinger

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

4. Sex Male ① 5. Color or race White 6. (a) Single, widowed, married, divorced..... Married  
 6. (b) Name of husband or wife..... Minnie Hoeflinger 6. (c) Age of husband or wife if alive..... 60 years  
 7. Birth date of deceased..... January 21 1886  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>5</u>	<u>27</u>	..... hr. .... min.

9. Birthplace..... St. Louis Mo. (City, town, or county) (State or foreign country)10. Usual occupation..... Custodian11. Industry or business..... Public Schools

MOTHER FATHER { 12. Name..... Joseph Hoeflinger  
 13. Birthplace..... El Germany (City, town, or county) (State or foreign country)  
 14. Maiden name..... Elian Osborne  
 15. Birthplace..... England (City, town, or county) (State or foreign country)

16. (a) Informant..... Minnie Hoeflinger(b) Address..... 4528 Alcott Ave17. (a) Burial (b) Date thereof..... July 21 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation..... Calvary Cemetery18. (a) Signature of funeral director..... Calvin F Feutz(b) Address..... 4828 Nat bridge, lvd19. (a) JUL 19 1948 (b) J. F. Brackets  
 (Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000  
 (c) City or town..... St. Louis (If outside city or town limits, write "RURAL") 17  
 (d) Street No..... 4528 Alcott Ave 9  
 (If rural, give location) 0  
 (e) Citizen of foreign country?..... N. (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... July day..... 18  
 year..... 1948 hour..... 1 minute..... 30 A.21. I hereby certify that I attended the deceased from..... March 47 to..... July 17, 1948  
 that I last saw him alive on..... July 17, 1948  
 and that death occurred on the date and hour stated above. DurationImmediate cause of death..... AsphyxiaDue to..... Respiratory obstructionDue to..... Infiltrating Carcinoma of right main stem Bronchus  
 Other conditions..... Infiltrating Carcinoma of right main stem Bronchus  
 (Include pregnancy within 9 months of death)PHYSICIAN  
 Major findings:  
 Of operations.....Of autopsy..... H. C.

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..... Louis V Rosell (M, D or other)Address..... 4901 E. Eastman St. Date signed..... 7/19/48

LOUIS V ROSELL

1-3 p m  
No. 3921

**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 *John A. Minner*  
..... Licensed Embalmer No. *4186*  
..... P. O. Address *St. Louis 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.