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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27821
7664

State File No.

Registrar's No.

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Mo
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis city Hospital-Madison Bldg
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT
FULL NAME

Mina Hofstetter

3. (b) If veteran,
name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or
race White

6. (a) Single, widowed, married,
divorced Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years
(Day) (Year)

7. Birth date of deceased May 31 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 2 27 hr. min.

9. Birthplace Millsstadt Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Peter Weis
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Weber
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Bange
(b) Address 1819 Russell Bldg St. Louis Mo

17. (a) Burial (b) Date thereof Aug 30 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Klienschmidt

18. (a) Signature of funeral director James M. Metzger
(b) Address Millsstadt, Ill.

19. (a) AUG 31 1948 (b) J. F. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3934 S. Compton 9
24 (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28
year 1948 hour 4 minute 55 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation
Due to Arteriosclerotic heart disease
Due to _____

Other conditions Senile psychosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9/3/48
Of autopsy _____

PHYSICIAN

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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Quemathy man (M. D. or other) MD
Address 1515 Lafayette Date signed 9-28-48

7664

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.

Not Embalmed

Signed..... *Phillip L. Metzger*.....

Licensed Embalmer No..... *2676*.....

P. O. Address..... *Millstadt, Ill.*.....

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.