

FILED JUL 5 1950 STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF MISSOURI

21626

State File No. ....

318

1003

Registrar's No. 5584

BIRTH NO. ....		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5584					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. LENGTH OF STAY (in this place)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2029</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4962 Nagel Ave</u>				d. STREET ADDRESS (If rural, give location) <u>4962 Nagel Ave</u>				<u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u>			b. (Middle) <u>Harry</u>			c. (Last) <u>Hofmeister</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-25-1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>4-11-1885</u>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supervisor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Railway Express Co</u>				11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Harry Hofmeister</u>				13b. MOTHER'S MAIDEN NAME <u>Julia Force</u>				14. NAME OF HUSBAND OR WIFE *****			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Beatrice Panseri 4962 Nagel Ave</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 Mos.</u>		
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Negative (Portal) Cultures unknown</u>								
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>162X</u>	
22. I hereby certify that I attended the deceased from <u>Jan 10, 1950</u> , to <u>25 June, 1950</u> , that I last saw the deceased alive on <u>23 June, 1950</u> , and that death occurred at <u>5 A. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>J. B. Sasater</u> O.M.O.						23b. ADDRESS <u>6817 S. Gravois Ave.</u>			23c. DATE SIGNED <u>26 June 50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-28-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>10180 Gravois Road Mo</u>					
DATE RECD. BY LOCAL REG. <u>7/2 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasater</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ziegler Bros. 6409 Gravois Ave</u>					

(Licensed Embalmer's Statement on Reverse Side)

PL 0488 2-20-4 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NEW / [Signature]

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. Wm. Binkley

Licensed Embalmer No. 3653

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.