

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **39158**  
Registrar's No. **9989**

**DEC 8 - 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>  c. LENGTH OF STAY (in this place) <b>6 Days</b>  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ferguson</b> <span style="float:right">4119</span>  d. STREET ADDRESS (If rural, give location) <b># 3 Barat (South)</b>	
--	--	---	--

<b>3. NAME OF DECEASED</b> (Type or Print) <b>Dorothy</b> a. (First) <b>M.</b> b. (Middle) <b>Hoffmeister</b> c. (Last)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Nov. 7th, 1951</b>		
--	--	--	---	--	--

<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED</b> (Specify)	<b>8. DATE OF BIRTH</b> <b>August 7th, 1907</b>	<b>9. AGE</b> (In years last birthday) <b>44</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------------------	---	--	--	--	--	--

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>None</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>None</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Saint Louis, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
---	---	--	---

<b>13a. FATHER'S NAME</b> <b>Charles F. Kramer</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Anna M. Tibbles</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Frank C. Hoffmeister</b>
---	--	---

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>Unknown</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Charles T. Kramer, # 3 S. Barat, Ferguson</b>
--	--	--

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arthritis</b> DUE TO (c) <b>Cardiac Decompensation</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 wks</b>  <b>4 yr</b>  <b>1 mo</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. _____			

<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------------	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
---	---	---

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>#3543</b>
--	--	---

**22. I hereby certify that I attended the deceased from 11-1-51, 1951, to 11-7, 1951, that I last saw the deceased alive on 11-6, 1951, and that death occurred at 7:50 A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Calvin F. Feutz, M.D.</b>	<b>23b. ADDRESS</b> <b>2040 N. Flourens</b>	<b>23c. DATE SIGNED</b> <b>11/8/51</b>
---	--	---

<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>24b. DATE</b> <b>11/10/51</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Zion Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Missouri</b>
--	-------------------------------------	---	---

<b>DATE RECD BY LOCAL REG.</b> <b>NOV 10 1951</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Caldwell</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>
--	--	--

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

---

---

**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 Ralph C. Zindler .....

Licensed Embalmer No. 4275 .....

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.