

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43643

State File No.

FILED JAN 5 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6276 Registrar's No. 4120

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>GARDENVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>54 TOWN Maplewood Ave. St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miller Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>3373 Commonwealth Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Kirchhoefer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27, 1951</u>
---	-----------------------	------------------------------	---

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 7, 1886</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>65</u>
--------------------	------------------------------	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>own business</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Confectionery</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>
--	---	--	--

13a. FATHER'S NAME <u>Leopold Kirchhoefer</u>	13b. MOTHER'S NAME <u>Frieda K. Kirchhoefer</u>	14. NAME OF HUSBAND OR WIFE <u>Frieda K. Kirchhoefer</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frieda K. Kirchhoefer, 3373 Commonwealth</u>
---	--------------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the manner of dying, such as fracture, asphyxia, or suffocation, but the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemiplegia due to cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <u>331K</u>
--	--	--

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

22. I hereby certify that I attended the deceased from Jan 5, 1951, to Jan 27, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:25A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ralph Berg M.D.</u>	23b. ADDRESS <u>3203 Grand</u>	23c. DATE SIGNED <u>1/27/51</u>
--	-----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 29, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
--	-----------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>12-27-51</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Schmitz M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister Colonial Mortuary 6161 Chippewa St. St. Louis, Mo.</u>
---	--	--

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

4120

copy by...

Dr. Berg,
3203 So. Grand Blvd.

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 Hans J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S Broadway

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri

State File No. 43643

County of

} ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4120

On this 20 day of February, 1952, 194....., before me appears.....

George W. Hoffmeister, who, upon his oath, states that the original record of ~~birth~~ death

for George L. Kirchhoefer died December 27, 1951, 19....., in the State of

Missouri, and which was filed at Clayton, Mo. on Dec. 28, 1951, should be corrected as follows:

Item No. 2 c should read St. Louis, Mo.

Instead of Maplewood Ave.

Item No. 13 b should read Christina Schwenk

Instead of Frieda K. Kirchhoefer

Item No. should read

Instead of These changes were typographical errors made by our office.

Item No. should read

Instead of C. HOFFMEISTER COLONIAL MORTUARY

Item No. should read 6464 Chippewa St.,

Instead of St. Louis, Mo.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant: George W. Hoffmeister
Relationship: Mortician

6464 Chippewa St.,

Present Address: St. Louis, 9, Mo.

Subscribed and sworn to before me this 20 day of Feb., 1952, 194.....

My Commission Expires May 19, 1954

My Commission expires Ms. J. O'Connor Notary Public.