

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33040

OCT 1 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8661**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) Years		d. STREET ADDRESS (If rural, give location) 1418 Angelica Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1418 Angelica Street		e. STREET ADDRESS 1418 Angelica Street	

3. NAME OF DECEASED (Type or Print) a. (First) Chester b. (Middle) John c. (Last) Hoefle			4. DATE OF DEATH (Month) (Day) (Year) Sept. 14, 1952.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 13, 1883	9. AGE (in years last birthday) 68	IF UNDER 1 YEAR: Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman		10b. KIND OF BUSINESS OR INDUSTRY Rail Road		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
13a. FATHER'S NAME August Hoefle		13b. MOTHER'S MAIDEN NAME Elizabeth Kyle		14. NAME OF HUSBAND OR WIFE Mrs. Lena Hoefle,	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lena Hoefle, 1418 Angelica Street	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2-3 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Heart Disease, decompensated.		
	ANTECEDENT CAUSES 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4222

22. I hereby certify that I attended the deceased from **19 48** to **Sept 14, 19 52** that I last saw the deceased alive on **Sept 3, 19 52** and that death occurred at **6:00A** m., from the causes and on the date stated above.

23a. SIGNATURE Wm J. Smith M.D. (Degree or title)	23b. ADDRESS 634 N. Grand Blvd.	23c. DATE SIGNED 9-15-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-17-1952	24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery
24d. LOCATION (City, town, or county) St. Louis County, Mo.		(State)

DATE REC'D BY LOCAL REG. SEP 15 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son Inc. 2161 E. Fair Ave.
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(Licensed Embalmer's Statement on Reverse Side)

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 Wilford H. Burnley

Licensed Embalmer No. 24202 J

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.