No. 300
10.48

FILED OCT 11 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33815

State File No.

BIRTH NO. 82549 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2520

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bellefontaine Neighbors
c. LENGTH OF STAY (in this place) 5 mos. - 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis State Training School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bellefontaine Neighbors
d. STREET ADDRESS (If rural, give location) 10695 Bellefontaine Road

3. NAME OF DECEASED (Type or Print)
a. (First) Richard
b. (Middle) Neil
c. (Last) Hoeflinger

4. DATE OF DEATH (Month) 9 (Day) 29 (Year) 52

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 10-7-51
9. AGE (In years last birthday) If under 1 year: Months 11, Days 21; If under 24 hrs.: Hours 22, Min. 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (State or foreign country) St. U.S. - Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Raymond Hoeflinger
13b. MOTHER'S MAIDEN NAME Grace O'Neil
14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME Records of St. Louis State Tr. Sch. ADDRESS 10695 Bellefontaine

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mongolism — Life
DUE TO (c) 3254

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mental Retardation — Life.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-26, 1952 *to* 9-29, 1952 *that I last saw the deceased alive on* 9-29, 1952 *and that death occurred at* 10:40 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE Dorothy M. Ellersieck (Degree or title) M.D.
23b. ADDRESS 10695 Bellefontaine Rd
23c. DATE SIGNED 9-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 9-30-52
24c. NAME OF CEMETERY OR CREMATORY RESURRECTION
24d. LOCATION (City, town, or county) (State) ST. LOUIS Co.

DATE REC'D BY LOCAL REG. 9-30-52
REGISTRAR'S SIGNATURE Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher ADDRESS 3013 MERAMEC

52V (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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Jack Hart

Licensed Embalmer No. 7746

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.