0.300
0.48

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

FILED OCT 24 1955

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

State File No. 34839

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8766

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis,
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3106 Osceola St.,

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis,
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 9
STREET ADDRESS (If rural, give location): 3106 Osceola St., 15 2150

**3. NAME OF DECEASED** (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Hofer

**4. DATE OF DEATH** (Month) (Day) (Year): October 6, 1955

**5. SEX**: Male, 1
**6. COLOR OR RACE**: White,
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married, 7
**8. DATE OF BIRTH**: June 12, 1884
**9. AGE** (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Meat Cutter
**10b. KIND OF BUSINESS OR INDUSTRY**: Retired 5 Yrs.
**11. BIRTHPLACE** (City and State or Foreign Country): Austria, 4
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Joseph Hofer,
**13b. MOTHER'S MAIDEN NAME**: Theresa Hatvan,
**14. NAME OF HUSBAND OR WIFE**: Hermine Hofer,

**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.**: 488-05-7054-A
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Hermine Hofer, 3106 Osceola St.,

**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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Due

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitus — 6 mo

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 420.1
**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* April 7, 1955, *to* Oct 6, 1955, *that I last saw the deceased alive on* Oct 1, 1955, *and that death occurred at* 9:00P. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): B. J. McGuire M.D.
**23b. ADDRESS**: 16 Hampton Valley Place
**23c. DATE SIGNED**: 10/6/55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): removal,
**24b. DATE**: 10/10/55
**24c. NAME OF CEMETERY OR CREMATORY**: Resurrection Cemetery,
**24d. LOCATION** (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: OCT 7 1955
REGISTRAR'S SIGNATURE: J. Earl Smith M.D. MDS
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by .....me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Joe B. Benz.....

Licensed Embalmer No..4249...
2842 Meramec
P. O. Address St. Louis, 1

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.