

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 29 1956

318

1003

21888

STATE FILE NUMBER 5737

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

| | | | | | |
|---|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1. | | Length of stay in lb Life | d. STREET ADDRESS (If outside, give location) 26 2313a S. 18th | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) LESTER PEARL HOFSTETTER | | | 4. DATE OF DEATH JUNE 14, 1956 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 4-8-1904 | 9. AGE (In years last birthday) 52 | IF UNDER 1 YEAR Months _____ Days _____ 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 | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Adam P. Hofstetter | | | 14. MOTHER'S MAIDEN NAME Lula Sargentt | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. — | 17. INFORMANT Address Lula Schubert, 2313a S. 18th | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration pneumonia DUE TO (b) Post traumatic epilepsy DUE TO (c) Ventricular bleeding PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____ | | | 353.3 | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | | COUNTY _____ STATE _____ |
| 21. I attended the deceased from 6/8/56 to 6/14/56 and last saw her alive on 6/14/56 Death occurred at 11:40 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Leil R. Buner M.D. | | | 22b. ADDRESS 1515 LAFAYETTE AVE. | | 22c. DATE SIGNED 6/15/56. |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 6-18-1956 | 23c. NAME OF CEMETERY OR CREMATORY New St. Marcus | | 23d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri | |
| 24. FUNERAL DIRECTOR ADDRESS McLaughlin's, 2301 Lafayette | | 25. DATE RECD. BY LOCAL REG. JUN 16 1956 | 26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | | |

STATE OF ILLINOIS
DEPARTMENT OF HEALTH
DIVISION OF ANATOMY

DATE OF DEATH PLACE OF DEATH

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
Signature of Student Embalmer

Signed *L. Couper*

Licensed Embalmer No. *36*

P. O. Address *2311/10*

2/11/20

2/11/20

2/11/20

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING, 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.