

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011765  
State File No. ....

FILED APR 3 1958

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3598  
Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri.</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5952 Parklane Avenue.,</b>		e. STREET ADDRESS (If rural, give location) <b>5952 Parklane Avenue.,</b>	

3. NAME OF DECEASED (Type or Print) <b>John Fred Hoefner</b>	a. (First) <b>John</b>	b. (Middle) <b>Fred</b>	c. (Last) <b>Hoefner</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 29, 1958</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 6, 1873</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>84</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Letter Carrier</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Post-Office</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>New Melle, Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Henry Hoefner</b>	13b. MOTHER'S MAIDEN NAME <b>Carolina Voss</b>	14. NAME OF HUSBAND OR WIFE <b>Dina Hoefner</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No Nil</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dina Hoefner, 5952 Parklane Avenue.,</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 mo</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gangrene 2 leg</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Age 450.1</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>L. Hemiplegia</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, store, office, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 1956** to **Mar 29, 1958**, that I last saw the deceased alive on **Mar 25, 1958**, and that death occurred at **6 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. Stachle M.D.</b>	(Degree or title)	23b. ADDRESS <b>7124 Natural Bridge</b>	23c. DATE SIGNED <b>3-29-58</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3-29-59</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Methodist Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>New Melle, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>MAR 29 1958</b>	REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>T.E. Pitman, Wentzville, Missouri.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 17 1958

**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 *Eleonore H. Penelissa*

Licensed Embalmer No. *4283*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.