

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012785  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3064

FILED MAR 26 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>                                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>ST. Louis</u>  |   | Length of stay in 1b  | c. CITY OR TOWN <u>Affton</u>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>9337 Rambler Dr.</u>   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Dora</u> Middle <u>Hoffeld</u> Last <u>Hoffeld</u>   |   | 4. DATE OF DEATH<br>Month <u>March</u> Day <u>20</u> Year <u>1962</u>   |  |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br><u>June 5, 1995</u>                                    |
| 9. AGE (last birthday)<br><u>66</u>  |   | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HR.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>At Home</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Beaufort Missouri</u>     |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U. S. A.</u>   |   | 13a. FATHER'S NAME<br><u>Jacob Honold</u>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Annie Strehle</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Charles Hoffeld Sr.</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |   | 16. SOCIAL SECURITY NO.<br><u>NONE</u>  | 17. INFORMANT<br><u>Anne Hoffeld</u>                                       |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arterio-sclerotic heart disease</u> |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 yrs</u>  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>+20.0</u>  |   | DUE TO (c)  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Bronchopneumonia</u>           |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 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<br>Hour a.m. p.m.<br>Month, Day, Year  | 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 <u>2/4/62</u> to <u>3/20/62</u> and last saw her alive on <u>3/18/62</u>  |   | Death occurred at <u>6:15 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.  |  |
| 22a. SIGNATURE (Degree or title)<br><u>Edward W. Gubinski, M.D.</u>  |   | 22b. ADDRESS<br><u>3701 Cranford St</u>   | 22c. DATE SIGNED<br><u>3/21/62</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  | 23b. DATE<br><u>March 22, 1962</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Sunset Burial Park</u>   | 23d. LOCATION (City, Town, or county) (State)<br><u>ST. Louis, Co, Mo.</u> |
| 24. FUNERAL DIRECTOR<br><u>Witt Mortuary</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>MAR 21 1962</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Roan Smith, M.D.</u>                       |

USE BLACK INK OR TYPEWRITER RIBBON

APR 19 1962

**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

*Stanley H. Dixon*

Licensed Embalmer No.

*4193*

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.