

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>15</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>4536a Oregon</u>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>St. Louis</u> <u>2159</u>	
		d. STREET ADDRESS (If rural, give location) <u>4536a R Oregon</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) <u>Albert</u>	a. (First)	<u>Frank</u>	b. (Middle)	<u>Hoeper</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 17 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 24 1886</u>	9. AGE (In years) (at birthday) <u>64</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HOURS Hours	IF UNDER 24 HOURS Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Weigher Norris</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grain</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U</u>
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13a. FATHER'S NAME <u>Frank Hoepfer</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Will</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Hoepfer</u>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Hoepfer</u>	ADDRESS <u>4536a Oregon</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>15 Min.</u>  <u>in det.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary atherosclerosis</u> DUE TO (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 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, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>4201</u>
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22. I hereby certify that I attended the deceased from May 21 1948, to Dec 17 1950, that I last saw the deceased alive on April 21 1950, and that death occurred at 7:45 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Dulcie Jensen</u> (Degree or title) <u>0</u>	23b. ADDRESS <u>3720 Washington Co St Louis</u>	23c. DATE SIGNED <u>12/19 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-20-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County</u>
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DATE REC'D BY LOCAL REG. <u>MEU 20</u>	REGISTRAR'S SIGNATURE <u>J B Luster</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Schumacher</u>	ADDRESS <u>3013 Meramec St.</u>
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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 Ironia Williamson

Licensed Embalmer No. 3565

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.