

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18025

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4937						
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, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 30 days		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>						
d. FULL NAME OF HOSPITAL OR INSTITUTION Desloge Hospital				e. STREET ADDRESS (If rural, give location) 5602 West Florissant Ave.				2079				
3. NAME OF DECEASED (Type or Print) a. (First) OLIVER			b. (Middle) L.		c. (Last) HOEPEL		4. DATE OF DEATH (Month) (Day) (Year) May 21st 1956					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Apr. 16th, 1912		9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Clerk			10b. KIND OF BUSINESS OR INDUSTRY McDonnell Air Cft.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Hilmar Hoefel			13b. MOTHER'S MAIDEN NAME Minnie Meyer			14. NAME OF HUSBAND OR WIFE						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Hoefel			ADDRESS 5602 W. Florissant Av				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkin's Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>201x</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?								
22. I hereby certify that I attended the deceased from <u>March</u> , 19 <u>54</u> , to <u>May 21</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>May 20</u> , 19 <u>56</u> , and that death occurred at <u>2 A.</u> m., from the causes and on the date stated above.												
23a. SIGNATURE <u>Charles Silverberg</u>				(Degree or title) <u>MD.</u>		23b. ADDRESS <u>462 N. Taylor Ave</u>		23c. DATE SIGNED <u>5/22/56</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <u>May 23-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>						
DATE REC'D BY LOCAL REG. MAY 22 1956		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Leidner Und. Co.</u>					ADDRESS <u>2223 St. Louis Ave.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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, ~~exactly~~ Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Elton H. Remelin*

Licensed Embalmer No. *428*

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.