

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 19 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1008

41193
Do not use this space.
Registered No. 10885

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. Christian Hospital St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Stillborn Hoffman

(a) Residence, No. Rt. 3, Baden Station St. Mo.
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) - - -

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - - - - -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
Stillborn - - - - -

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. -
9. Industry or business in which work was done, as saw mill, bank, etc. -
10. Date deceased last worked at this occupation (month and year) -
11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

FATHER
13. NAME Glenn Hoffman

14. BIRTHPLACE (CITY OR TOWN) Kansas City, Kansas (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Estelle Dreher

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

17. INFORMANT Glenn Hoffman (ADDRESS) Rt. 3, Baden Station.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Dec. 20, 1938

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle (ADDRESS) 2331 So. Broadway

20. FILED DEC 19 1938 J. D. Burk Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1938, to Dec. 19, 1938

I last saw him alive on Dec. 19, 1938. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

Asphyxia neonatorum
(Breach presentation)

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 1938
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Helderle M. D.

(Address) 502 N. Main St. St. Louis, Mo.

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,

Not Embalmed.

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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, above space should be left blank.