

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37863

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **9702**

1. PLACE OF DEATH: **2**
 (a) County _____
 (b) City or town St. Louis, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3537 1/2 Juniata St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME George H Hoffmann **55**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 6 1873
 (Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace St Louis Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Foreman

11. Industry or business Brown Shoe Co Retired in 1931

MOTHER FATHER
 { 12. Name Herman H Hoffmann 0
 { 13. Birthplace St Louis Mo 0
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Anna Schmidt 6
 { 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's name ~~XXXXXX~~ Wm C Hoffmann
 (b) Address 733 Zeiss

17. (a) burial (b) Date thereof Nov 15, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Candler's Cemetery

18. (a) Signature of funeral director Beiderwieden Funeral Home
 (b) Address 1936 St Louis Ave

19. (a) NOV 14 1939 (b) J. F. Braddock
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County 1
 (c) City or town St Louis 16
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3537a Juniata St
 (If rural, give location)
 (e) ~~Foreign born, not born in U.S. A.~~

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month NOV day 12
 year 1939 hour 8:45 minute 4 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Chronic Interstitial Nephritis
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) 131

PHYSICIAN
 Major findings: _____
 Of operations: _____
 Of autopsy: _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Deputy Coroner (M. D. or other)
 Address _____

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.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Felicit J. Krupin*

Licensed Embalmer No. *3497*

P. O. Address *1936 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 this body is not embalmed, above space should be left blank.