No. 2
11-10-39
-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42064

Registration District No. 701 1003 Primary Registration District No. Registrar's No. 11187

1. PLACE OF DEATH: 2

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: 3318a Magnolia (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)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Mo (b) County

(c) City or town St. Louis 16 (If outside city or town limits, write "RURAL")

(d) Street No. 3318a Magnolia (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Wm M. Hoffman 155

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Minnie Hoffman

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years Abt. 72 Months Days If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Cabinet maker 1

11. Industry or business retired

FATHER
12. Name Casper Hoffman 6
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 6
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Fred Hoffman

(b) Address 3318a Magnolia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-39 (Month) (Day) (Year)

(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director Southern Und Co

(b) Address 6322 S. Grand Ave Ellis

19. (a) DEC 29 1939 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28 year 1939 hour minute 3:30 p.M.

21. I hereby certify that I attended the deceased from 12-18- 1939 to 12-28 1939; that I last saw him alive on 12-28 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to	10 days
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No.	

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature D. S. Pruett (M. D. ~~or other~~)

Address 6006 Virginia Date signed 12/29/39

(Licensed Embalmer's Statement on Reverse Side)

Dr D S Pruitt
6006 Oa
immediately

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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.