

REC'D JUN 15 1940

791

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Abraham Hoffman 155

8. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased 18 - 15 - 1849
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation no

11. Industry or business no

MOTHER FATHER { 12. Name no 99
18. Birthplace no (City, town, or county) (State or foreign country)
14. Maiden name no
15. Birthplace no (City, town, or county) (State or foreign country)

16. (a) Informant Morris Hoffman

(b) Address Cheruth, Kabischan

17. (a) Burial (b) Date thereof May 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ignace, St. Louis

18. (a) Signature of funeral director Richard W. ...

(b) Address 1460 Washington Blvd

19. (a) MAY 21 1940 (b) J. F. Bedeck
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 5182 Kensington
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21, year 1940 hour 3:40 minute A. M.

21. I hereby certify that I attended the deceased from May 14, 1940 to May 21, 1940; that I last saw him alive on May 21, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus
Due to _____
Due to _____
Other conditions Carbuncle of back
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Melvin Alabert (M. D. or other) _____
Address 1515 Lafayette Date signed 5/21/40

WRITE PLAINLY—USE 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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

[Handwritten Signature]
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.