

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

5148

1. PLACE OF DEATH:

(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:
5229 Robert Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Louis Hoffmann Sr. 155

3. (b) If veteran, name war. No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 12th, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 1 28 hr. 1 min.

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

10. Usual occupation Blacksmith

11. Industry or business 9

12. Name John Hoffmann

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace " "
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Hoffmann Jr.

(b) Address 5229 Robert Ave.

17. (a) Burial (b) Date thereof 6/13/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. S. Peter & Paul Cem

18. (a) Signature of funeral director John S. Ziegenhain

(b) Address 7027 Gravois Ave.

19. (a) JUN 12 1940 (b) J. B. Brubaker
(Date received and registered) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")
(d) Street No. 5229 Robert Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1940 hour 7:50 minute P. M.

21. I hereby certify that I attended the deceased from June 10 to June 10, 1940
that I last saw him alive on June 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Cerebral Apoplexy
Due to _____
Due to _____

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(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 Dr. J. S. Ziegenhain (M. D. or Reg.)

Address 3805 S. Broadway Date signed June 13, 1940

Duration

5 yrs

5 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

Signed

G. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *4930^a Robert*

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.