

No. 2
-13-40
-17-39
X23189

DEC 11 1940
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9683**

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

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:
3258a N. 20th. 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 Barbara Lee Hoffman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

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 Aug. 18 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

3	7		hr. min.
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9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Elvis Hoffman

13. Birthplace Long Town Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Rose Lee Dyle

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

16. (a) Informant Elvis Hoffman

(b) Address 3258a N. 20th. St.

17. (a) Burial (b) Date thereof 11-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) NOV 26 1941 (b) _____
(Date received local registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis **26**
(If outside city or town limits, write "RURAL")

(d) Street No. 3258a N. 20th. St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1940 hour 10 minute 10 P M.

21. I hereby certify that I attended the deceased from Sept, 1940, to Nov, 1940;
that I last saw her alive on Nov 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Convulsion

Due to Brain Injury of Brain

Due to _____

Other conditions JK
(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 PJ Manion (M. D. or other) _____
Address 3258a N. 20th. St. Date signed Nov 26 1940

11. To 1
No. Master 1007

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 Warren A. Carver
Licensed Embalmer No. 3534
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, fact should be so stated above.