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K23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5130

MAR 25 1941

Registration District No. 191 | Primary Registration District No. 1003 | Registrar's No. 1378

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: Alexian Bros. Hospital 0
(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:

(a) State Mo. (b) County 000

(c) City or town St. Louis 1716
(If outside city or town limits, write "RURAL")

(d) Street No. 4155a Hartford St. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME EDWARD HOFFMANN

3. (b) If veteran, name war None

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 Rose M. Hoffman

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased June (Month) 13th (Day) 1855 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	7	28	hr. min.

9. Birthplace (City, town, or county) 4 Germany (State or foreign country)

10. Usual occupation Wagon Maker

11. Industry or business

FATHER
12. Name UnknownHoffmann
13. Birthplace Upper Silesia 8 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Upper Silesia 8 (City, town, or county) (State or foreign country)

16. (a) Informant Rose Hoffmann
(b) Address 4155a Hartford St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-41 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) FEB 11 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10th year 1941 hour 6:30 minute A.M. M.

21. I hereby certify that I attended the deceased from 12-4-40, 19 , to 2-10-, 1941; that I last saw him alive on 2-10-40, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: chronic myocarditis	
chronic int. nephritis	
Due to: Senility	
Due to:	
Other conditions: general edema (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

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 A. F. Blog (M. D. or other) M.D.
Address 3150 Morganford Date signed 2/11/41

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin N. McDonald

Licensed Embalmer No. 3084

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.