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FILED AUG 8 1941

State File No. _____

Registration District No. 54

Primary Registration District No. 200

Registrar's No. 1399

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 6/8/41.
(Specify whether years, months or days) Since 6/6/41.

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town Quincy (If outside city or town limits, write "RURAL") 11

(d) Street No. 1707 Jackson Street (If rural, give location) 0

(e) Citizen of foreign country? - 2 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Jacob Hoffmann

3. (b) If veteran, name war Spanish-Amer.

3. (c) Social Security No. none.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st.
year 1941 hour 1:40 minute _____ a. m.

21. I hereby certify that I attended the deceased from June 6, 19 41, to July 1, 19 41.
that I last saw him alive on July 1, 19 41,
and that death occurred on the date and hour stated above.

4. Sex male (M) 5. Color or race white

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

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

7. Birth date of deceased: March 12, 1877
(Month) (Day) (Year)

Immediate cause of death Hypertrophic cirrhosis of the liver with portal obstruction and Ascites.

Due to _____ Duration Unknown

8. AGE: Years 64 Months 3 Days 19
If less than one day _____ hr. _____ min.

Due to _____

Other conditions Diabetes mellitus. Unknown
(Include pregnancy within 3 months of death)

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

10. Usual occupation Stove Moulder.

Major findings: Abdominal paracentesis, 6/16/41.

Of operations _____ Underline the cause to which death should be charged statistically.

Of autopsy Autopsy performed. See cause of death.

11. Industry or business _____

12. Name Unavailable

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

14. Maiden name Unavailable

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

16. (a) Informant M. Schilling

(b) Address Clinical Clerk, YAF, eff. Bks., Mo.

17. (a) Burial (b) Date thereof July 3, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(a) Accident, suicide, or homicide (specify) NO

(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? _____

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hoffmann, Jr. - 200

(b) Address 7814 S. Broadway St. Louis Mo.

19. JUL 3 1941 (Date received local registrar)

[Signature] (Registrar's signature)

While at work? C.W. Hughes (Specify type of injury)

23. Signature C. W. HUGHES, M.D. (M. D. or other) 0

Address Chief Medical Officer. Date signed 7/1/41

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

MOTHER FATHER

Russ

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.....

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, fact should be so stated above.