

No. 2
-1-4-41
5-17-39
I X28

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26944**
Registrar's No. **6736**

Registration District No. **791**

Primary Registration District No. **1003**

FILED SEP 17 1941

(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:
3623 McDonald Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 1 (Specify whether
In this community..... years, months or days)

3. (a) PRINT FULL NAME James Q Koffman
(b) If veteran, name war.....
(c) Social Security No. None

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

(b) Name of husband or wife Margaret
(c) Age of husband or wife if alive 66 years

7. Birth date of deceased Nov. 13 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 4
If less than one day..... hr. min.

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

10. Usual occupation Retired

11. Industry or business.....

MOTHER FATHER { 12. Name Jeff Hoffman
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

{ 14. Maiden name Laura Motley
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Robert S. Koffman
(b) Address 3424 Grace Ave

17. (a) Burial (b) Date thereof Aug 20, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dep. Groves Cemetery

18. (a) Signature of funeral director Heber Helander
(b) Address 3634 Gravois Ave.

19. (a) AUG 19 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3623 McDonald Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION 17 th
20. DATE OF DEATH: Month Aug day 17
year 1941 hour 6 minute 05 A.M.
21. I hereby certify that I attended the deceased from 4-1-37
1937 to 8-19 1941
that I last saw him alive on 8-17-41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Due to.....
Due to.....
Other conditions (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?
While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature [Signature] (M. D. or other).....
Address 2767 [Address] Date signed 8-18-41

(Licensed Embalmer's Statement on Reverse Side)

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 Robert Wheeler
Licensed Embalmer No. 2128
P. O. Address St Louis Mo

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.