

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH
1003

State File No. 29966
Registrar's No. 7305

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4563 Ray 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 _____ years, months or days

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. 4563 Ray Ave. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, 7th
year 1941 hour 7 a.m. minute _____
21. I hereby certify that I attended the deceased from _____
to _____
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis
Duration: _____
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: _____ (M. D. or other) _____
Address: 4124 E. Brooks Date signed: 9/8/41

3. (a) PRINT FULL NAME Leonard E. Hoffman

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

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

6. (b) Name of husband or wife Pearl Hoffman 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased: February 3, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 7 4 _____ hr. _____ min.

9. Birthplace: Perryville, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Druggist

11. Industry or business: _____

12. Name: Joseph Hoffman

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

14. Maiden name: Mary Hunt

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

16. (a) Informant: Pearl Hoffman

(b) Address: 4563 Ray Ave

17. (a) Burial (b) Date thereof: 9/10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: New St. Peter & Paul Southern Funeral Home

18. (a) Signature of funeral director: _____ (b) Address: 6322 S. Grand Blvd.

19. (a) SEP 9 1941 (b) J. Budick
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Dr. Walter R. Hoffman
4724
H. W. 1456
12 rel. sub.

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.....

Virgil L. Berryman

Licensed Embalmer No.....

8,401-8

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.