No. 2
-1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8720

FILED APR 13 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2654

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

2

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: City Hosp. #1. 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 24 000 17 9

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

(d) Street No. 3439 Kosciusko St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Charles Hofman

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widower 0

6. (b) Name of husband or wife Jennie Hofman

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

7. Birth date of deceased Jan. (Month) 22 (Day) 1867 (Year)

8. AGE: Years 75 Months 2 Days 0 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Benedict Hofman
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Louise Wunsch
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Anna Rethemeyer
(b) Address 3439 Kosciusko St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-42 (Month) (Day) (Year)
(c) Place: burial or cremation N. St. Marcus St.

18. (a) Signature of funeral director Witt Bro. Lr Uto
(b) Address 2929 S. Jefferson Av.

19. (a) MAR 24 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 22
year 1942 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Second and Third degree burns of body and tags while burning Rubbish in a vacant lot at 3443 Kosciusko St

Due to about 4:15 pm March 22 - 1942

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 35

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) Accident 000
(b) Date of occurrence St Louis 3/24/42 Mo
(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? Vacant lot 3443 Kosciusko St
(Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas F. Callanos (M. D. or other)
Address Deputy Coroner Date signed 3/24/42

(Licensed Embalmer's Statement on Reverse Side)

Separate Cert to mailed

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 wi the above constitutes grounds for revocation of license.)

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