

FILED JUN 22 1947 91

Primary Registration District No. 1003

Registrar's No. 5135

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:  
1114a Rutger Street  
(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. 1114a Rutger Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME LOUIS CHARLES HOFMANN

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 Widower

6. (b) Name of husband or wife Isabella Hofmann 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased August 19th, 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	9	22	..... hr. .... min.

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

10. Usual occupation Elevator Operator (Retired)

11. Industry or business St. Louis Cordage Co.

MOTHER FATHER  
12. Name John Hofmann  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Katherine (Unknown)  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Viola Guelker  
(b) Address 1114 Rutger Street

17. (a) Burial (b) Date thereon June 15, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director Wm C. Moydell  
(b) Address 1926 Allen Avenue

19. (a) JUN 12 1947 (Date received local registrar) J. P. Bedack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th  
year 1942 hour 4 minute 18 P. M.

21. I hereby certify that I attended the deceased from May 27-47  
19 June 11, 19 47  
that I last saw him in alive on June 11, 19 47  
and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene left leg & foot Duration 1-2-47

Due to Atherosclerosis Yes  
(non diabetic)

Due to Emphysema hypostatic 2 days  
bronchial 15 days  
Other conditions gingival hemorrhage double  
(Include pregnancy within 3 months of death) 12" dia into  
scrotum

Major findings: 10 1/2"  
Of operations: 10 1/2"  
Of autopsy: 10 1/2"

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. W. Gausloser (M. D. or other) 11/2-47  
Address 3624 Arsenal Date signed 11/2-47

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

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23.17  
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STATEMENT BY LICENSED EMBALMER

1

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 *Benj. C. Duncan*.....

Licensed Embalmer No. *2272*.....

P. O. Address *1926 Allen*.....

**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.