No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25284

State File No. _____

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1655

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 18 days (Specify whether years, months or days)
In this community: 18 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis
(c) City or town: Baden Station (If outside city or town limits, write "RURAL")
(d) Street No.: 10086 Dorothy Lane (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: Joseph Hoffman
3. (b) If veteran, name war: unknown
3. (c) Social Security No.: unknown
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 4 (Day) 1883 (Year)
8. AGE: Years 59 Months 0 Days 29 If less than one day: hr. min.
9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: laborer
11. Industry or business: Harry Helmann Const. Co.
FATHER 12. Name: Michall Hoffman
13. Birthplace: unknown (City, town, or county) Belgium (State or foreign country)
MOTHER 14. Maiden name: Anna Miller
15. Birthplace: unknown (City, town, or county) Belgium (State or foreign country)
16. (a) Informant: Max O. Mueller
(b) Address: 432 Thrift Dr.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 5 - 1942 (Month) (Day) (Year)
(c) Place: Calvary Cemetery
18. (a) Signature of funeral director: Friedrich F. Hanser
(b) Address: 8219 Natural Bridge
19. (a) AUG 4 - 1942 (Date received by local registrar) (b) C. O. McClanahan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 2 year: 1942 hour: 10 minute: 30 P.M.
21. I hereby certify that I attended the deceased from 7-15-42, 19__, to 8-2-42, 19__, that I last saw him alive on 8-2-42, 19__, and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia
Due to: Cerebral Thrombosis
Due to: Chronic Nephritis

Duration

Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operation: Of autopsy:

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: J. Hanser M.D. Date signed: 8-3-42
Address: 4 Geriatrics Hosp.

PHYSICIAN: Underline cause to which death should be charged statistically.

707 (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 Arthur H. Friedrich

Licensed Embalmer No. 3556

P.O. Address 22 St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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