

S. No. 2  
DM-5-42  
rv. 5-17-39  
X 32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32045

State File No. ....

FILED NOV 4 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8776

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

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:  
Firmin Desloge Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 weeks  
(Specify whether  
 In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Henry E. Hoffman.  
 (b) If veteran, name war No.  
 (c) Social Security No. None.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Mary Cora Hoffman.  
 (c) Age of husband or wife if alive 71 years  
 7. Birth date of deceased May 3 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>5</u>	<u>18</u>	.....hr. ....min.

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

10. Usual occupation Retired Laborer.

11. Industry or business.....

MOTHER FATHER {  
 12. Name Bernard Hoffman.  
 13. Birthplace Germany.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Ann Riney.  
 15. Birthplace Germany.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Hofiman.  
 (b) Address 2817 N. 23rd. St.

17. (a) Burial (b) Date thereof 10-24-42.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.  
 (b) Address 2223 St. Louis Ave.

19. (a) OCT 23 1942 (b) J. F. Budzek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000  
 (c) City or town St. Louis.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2817 N. 23rd. St.  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21  
 year 1942 hour 9:30 P.M. minute..... M.  
 21. I hereby certify that I attended the deceased from March  
21, 1942, to Oct 21, 1942;  
 that I last saw him alive on Oct 21, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Carcinomatosis of Peritoneum  
 Due to.....  
Carcinoma of bladder  
Urinary bladder

Duration  
3/2/42  
1/1/42  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

Due to.....  
 Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....Ca of bladder  
 Of autopsy.....None

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 J. Brennan M.D. (M. D. or other)  
 Address 539 N. Grand Date signed 10/21/42

In A. J. Brennan.  
Permanently Disposed. #4305

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**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 *John P. Buchholz*  
Licensed Embalmer No. *2223*  
P.O. Address *L.E. 1674*

**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.**