

S. No. 2
M-5-42
7-5-17-39
P-1 X32873

32046

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 21 1942
318

8454
Registrar's No.

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County..... St. Louis

(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Christian Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 5 days
(Specify whether years, months or days)

In this community..... 58 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000
12

(c) City or town..... St. Louis 9 9
(If outside city or town limits, write "RURAL")

(d) Street No..... 4658 Pope Ave
(If rural, give location)

(e) Citizen of foreign country?..... Unknown (Yes or No)
0
If yes, name country.....

3. (a) PRINT FULL NAME Barbara Hofmann

3. (b) If veteran, name war..... None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced, Widow 2

6. (b) Name of husband or wife John Hofmann

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

7. Birth date of deceased..... October 21, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 11 19 hr. min.

9. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Hofmann
(b) Address 4658 Pope Ave

17. (a) Burial (b) Date thereof 10/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) OCT 12 1942 (b) F. Becke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th
year 1942 hour 4:20 AM minute M.

21. I hereby certify that I attended the deceased from Oct 4th 1942 to Oct 10th 1942
that I last saw h. & alive on Oct 10th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Hemiplegia

Due to: Cerebral haemorrhage - non-traumatic

Due to: Arterial Sclerosis, Chron. Myocarditis

Other conditions: Endometritis (chron)

Major findings: Of operations: Of autopsy:

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)

(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: [Signature] (M. D. or other)
Address: 4246 W. Glorissant Date signed: 10/11/42

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..... *Francis A. Williamson*

Licensed Embalmer No. *3565*

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.