

FILED NOV 6 1942

Registration District No. 184

Primary Registration District No. 20

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution PINE CREST NURSING HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 2 MONTHS
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL") 9

(d) Street No. 3155 CALIFORNIA
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY C. HOFFMANN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife KATE HOFFMANN 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased MAR. 14 1866
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation RETIRED

11. Industry or business _____

MOTHER FATHER { 12. Name CASPER HOFFMANN 4

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH LINK

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant KATE HOFFMANN

(b) Address 3155 CALIFORNIA

17. (a) BURIAL (b) Date thereof 10/27/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Church

18. (a) Signature of funeral director Miss. Curtis & Son

(b) Address 2906 Grand

19. (a) OCT 26 1942 (b) C. H. Meerson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24th
year 1942 hour 10 minutes 35 P. M.

21. I hereby certify that I attended the deceased from September 14th 1942 to October 24th 1942
that I last saw him alive on October 24th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to 93 &

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 R. N. Jansen (M. D. or _____)
Address Manchester, Mo Date signed 10/24/42

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

David Jau Jossau

Licensed Embalmer No. *4243*

P. O. Address. *2906 Garri*

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.