

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

APR 15 1943

Registration District No. 1161

Primary Registration District No. 5594

Registrar's No. 15-65

1. PLACE OF DEATH:

(a) County JEFFERSON.

(b) City or town RURAL. MAN AM. JUMP

(c) Name of hospital or institution: ST JOSEPHS HILLS INFIRMARY EUREKA  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 6 MONTHS - 5 DAYS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI. (b) County JEFFERSON 000

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

(d) Street No. 4123 MINNESOTA AVE ST LOUIS  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME MAX HOFFMANN

3. (b) If veteran, name war NO

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 9-4-42 to SEPT. 4, 1942, to MARCH 24, 1943 that I last saw him alive on MARCH 4, 1943 and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced, WIDOWER.

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

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

7. Birth date of deceased 3 8 1877  
(Month) (Day) (Year)

Immediate cause of death. Broncho-pneumonia

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 101

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>11</u>	<u>27</u>	.....hr. ....min.

9. Birthplace OHIO 1  
(City, town, or county) (State or foreign country)

10. Usual occupation SALES-MAN RETIRED

11. Industry or business. ....

MOTHER FATHER { 12. Name PETER HOFFMANN

{ 13. Birthplace ? OHIO 1  
(City, town, or county) (State or foreign country)

{ 14. Maiden name REGINA BOENIGHEIMER

{ 15. Birthplace ? OHIO 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Patricia G. St

(b) Address St Josephs Hill Eureka Mo.

17. (a) Burial (b) Date thereof 3-8-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Park Cem.

18. (a) Signature of funeral director Josephine Ann Horn

(b) Address 3819 S. Grand Blvd.

19. (a) 6 Mar 1943 (b) James A Townsend  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations

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? .....

While at work (Specify type of place) (e) Means of injury .....

23. Signature Jose A. Dargent (M.D. or other) MD

Address Eureka, Mo. Date signed 3-5-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

50  
0  
0

386

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.....

*Welford H. Burnley*

Licensed Embalmer No. 4202

P. O. Address.....

**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.)**

2916 If this body is not embalmed, fact should be so stated above.