

V. S. No. 2
FORM-2-43
5-17-39
PI X35

DEPARTMENT OF COMMERCE
BOARD OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30031

State File No.

8269

FILED SEP 28 1943
Registration District No. 18

Primary Registration District No.

Registrar's No.

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: 1393 A Goodfellow.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Louis Hoffman.

3. (b) If veteran, name war None

3. (c) Social Security No. 487-26-064

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. May 14 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>4</u>	<u>1</u>	_____ hr. _____ min.

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

10. Usual occupation Laborer.

11. Industry or business Hostess Cake Company

MOTHER FATHER {

12. Name Don't Know

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Prosser.

(b) Address 1393 A Goodfellow. Ave.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Sept. 17/43
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966 Easton Ave. St. Louis, Mo.

19. (a) SEP 17 1943 (Date received local registrar)

(b) J. J. Rudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 1393 A Goodfellow.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th
year 1943 hour 3:10 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: pulmonary hemorrhage
pulmonary tuberculosis

Due to _____

Due to _____

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

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)

(c) Means of injury _____

23. Signature Alfred J. Perry (M. D. or other) _____
Joseph L. Brown Date signed 9/15/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Ben J Hoffman....., Registered Apprentice No. *346*
working under my personal supervision.

Signed.....*Joe Heitsch*.....

Licensed Embalmer No. *837*

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.