

FILED JUL 21 1944 8

Primary Registration District No. 1003

Registrar's No. 6241

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:
Home For the Aged, 3400 So. Grand.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Years,
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Anna Hoffmann,

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

4. Sex Female, 5. Color or race White, 6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife Mathias Hoffmann, 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 17, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	10	26 hr. min.

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

10. Usual occupation At Home,

11. Industry or business

MOTHER FATHER

12. Name John Lego,

13. Birthplace Don't Know, 9
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Gebhardt,

15. Birthplace Don't Know, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Bernadette,

(b) Address 3400 So. Grand.

17. (a) Burial, (b) Date thereof 7/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.,

19. (a) JUL 19 1944 (b) J. T. Bealick
(Date received local registrar) (Registrar's signature)

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") 916
(d) Street No. 3400 So. Grand.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th
year 1944 hour 7: minute 00 A. M.

21. I hereby certify that I attended the deceased from May 12 to July 13, 1944
that I last saw him alive on July 11, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Arteriosclerosis
Due to Arterio Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

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 [Signature] (M. D. or other) [Signature]
Address Union Club Bldg. Date signed 7/13/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 _____ me _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Joe S. Benz

Licensed Embalmer No. 4249

2842 Meramec St.,

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.