

FILED DEC 9 1944

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

10273

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:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 3 weeks
(Specify whether
 In this community 55 years
years, months or days)

3. (a) PRINT FULL NAME LENA HOFFMANN

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 Married

6. (b) Name of husband or wife Ernest Hoffmann 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased. October 20, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>1</u>	<u>10</u>	hr. min.

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

10. Usual occupation At Home

MOTHER FATHER

11. Industry or business.....
 12. Name Not Known
 13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
 14. Maiden name Not known
 15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Hoffmann
 (b) Address 4340 Warne Avenue

17. (a) Burial (b) Date thereof 12/4/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bellefontaine Cemetery

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

19. (a) DEC 2 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4340 Warne Avenue
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
 year 1944 hour 7 minute 0 PM M.

21. I do certify that I attended the deceased from Oct 31, 1944, to Nov 30, 1944,
 that I last saw her alive on Nov 30, 1944,
 and that death occurred on the date and hour stated above.

Immediate cause of death. Cardiac Decompensation 2 weeks
Arricular Fibrillation 2 weeks
Arteriosclerosis 10 yrs
 Other conditions (Acidosis & Edema)
(Include pregnancy within 3 months of death)

Major findings: 95
 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 J. F. Bredeck M.D.
(City or county)
 Address 2435 N. Grand Date signed 12-1-44

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 *Michael J. Burnley*
Licensed Embalmer No. *42069*
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.