

FILED MAR 16 1945  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2214

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
2716 A Allen Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 Years (Specify whether years, months or days)

In this community 40 Years

3. (a) PRINT FULL NAME Grace Hoffmann

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased: Apr 23 1892  
(Month) (Day) (Year)

8. AGE: Years Months 43 If less than one day

52 10 12 hr. min.

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

10. Usual occupation House work

11. Industry or business

12. Name Andrew Morris

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

14. Maiden name Lucinda Phoenix

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

16. (a) Informant Ruby LeFrancois

(b) Address 3450 Giles

17. (a) burial (b) Date thereof 3-9-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director H. Blumacher

(b) Address 3013 Meramec

19. (a) MAR 7 1945 (b) J. F. Breuck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1723

(d) Street No. 2716 A Allen Ave. (If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th  
year 1945 hour 2 minute 10 A. M.

21. I hereby certify that I attended the deceased from December 21  
1943 to March 6 1945  
that I last saw her alive on March 6 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration 18 hrs

Due to Hypertension 1 yr

Due to Chronic Nephritis 1 yr

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 121

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_ (Specify means of injury) \_\_\_\_\_

23. Signature H. O. Surpison (M. D. or other) H. O.  
Address 3739 Gravois Date signed 3/6/45

*Williamson*  
3739 *Williamson*

**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 *Francis Williamson*  
Licensed Embalmer No. *3565*  
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.**