S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11344

FILED MAY 3 1945

Registration District No. 818 Primary Registration District No. Registrar's No. 3724

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003 006
(a) State Missouri (b) County 17
(c) City or town St. Louis 29
(If outside city or town limits, write "RURAL")
(d) Street No. 4340 Warne Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ernest Hoffmann
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower 2
6. (b) Name of husband or wife Lena Hoffmann nee Kattmann
6. (c) Age of husband or wife if alive ------ years
7. Birth date of deceased January 10, 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	3	14	hr. min.

9. Birthplace Unknown (City, town, or county) Germany 1 (State or foreign country)
10. Usual occupation Cabinet maker 1
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Miss Martha E. Hoffmann
(b) Address 4340 Warne Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/45 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) APR 26 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24, year 1945 hour 7:45 AM minute M.
21. I hereby certify that I attended the deceased from January, 1945 20th, 1945 to April 24, 1945 that I last saw him alive on April 23, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Pemphigus Vulgaris Bronchial Pneumonia, Terminal

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

107

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Clinton A. Lane (M. D. or other) MD
Address 626 Metropolitan Bldg Date signed 4/25/45

(Licensed Embalmer's Statement on Reverse Side)

JUL 17 1941

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 William G. Burkholz

Licensed Embalmer No. 2110

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.