

FILED JUL 20 1945

Registration District No.

Primary Registration District No.

1003

State File No.

Registrar's No.

5938

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
in this community ?
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 2709 Carson Road
(If rural, give location)
(e) Citizen of foreign country? NO
(Yes or No)
If yes, name country

96
NR?

3. (a) PRINT FULL NAME Lula Irene Hofmann

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 Married

6. (b) Name of husband or wife George Hofmann 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased: April 2, 1893
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 3 If less than one day hr. min.

9. Birthplace: Bad Axe, Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation: Housework

11. Industry or business

MOTHER FATHER

12. Name Robert Nelson

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

14. Maiden name Georgina Thompson

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

16. (a) Informant George Hofmann

(b) Address 2709 Carson Road, Normandy

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

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Galvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) JUL 9 1945 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1945 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from June 3
1945 to July 5 1945
that I last saw her alive on July 7 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Pancreas
Duration 6 mo.

Due to

Due to

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

Major findings: 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) (e) Means of injury Car

23. Signature J. F. Brueck (M. D. or other)

Address 6704 W. F. ... Date signed July 6/45

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

100
17
9

6704 W. Stewart
11 AM To 1 PM

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.....

John A. Miller

Licensed Embalmer No..... *4186*

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.