

Registration District No. \_\_\_\_\_

Primary Registration District No. **100.3**

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:  
**5120 N. Kingshighway Blvd. /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Virginia Hoffman**

3. (b) If veteran, name war **Nil**

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 **Rudolph Hoffman**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **December 1 1882**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>62</b>	<b>9</b>	<b>16</b>	_____ hr. _____ min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **James Halley**

13. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN O'Kelly**

15. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Dr. Harry Hoffman**

(b) Address **5120 N. Kingshighway Blvd.**

17. (a) **Removal** (b) Date thereof **9-18-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **De Soto, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **SEP 19 1945** (b) *J. Bredeh*  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **0009**

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

(d) Street No. **5120 N. Kingshighway Blvd.**  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **17**  
year **1945** hour **9:15** minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from **6/1/45**  
\_\_\_\_\_ 19 to **9/17/45** 19  
that I last saw her alive on **9/17/45** 19  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Metastatic Carcinoma primary of rectum.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **46.2**

Major findings: **Metastatic adenocarcinoma of rectum**

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)  
\_\_\_\_\_ (Means of injury)

23. Signature **Harry Hoffman M.D.** (M. D. or other) \_\_\_\_\_  
Address **6107 - N Grand** Date signed **9/18/45**

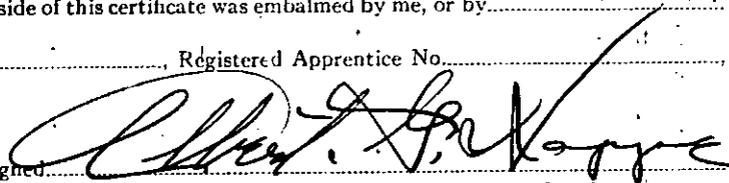
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed.....



..... Licensed Embalmer No. 2971 .....

..... P.O. Address: .....

**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.**