S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

6502

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 19 1946

State File No. 7552

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. [illegible]

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:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Day (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 4954 Lindell Blvd.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Briggs A. Hoffmann.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Paula Hoffmann

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

7. Birth date of deceased November (Month) 23, (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	2	12	hr. min.

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

10. Usual occupation Insurance

11. Industry or business

FATHER
12. Name Reinholdt A. Hoffmann.
13. Birthplace Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Virginia Estes
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Paula Hoffmann.
(b) Address 4954 Lindell Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) FEB 6 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5th.
year 1946 hour 4. minute 00 A.M.

21. I hereby certify that I attended the deceased from Feb-1 1946
, 19 , to Feb 4 1946
that I last saw him alive on Feb 4th - 11 pm 1946
and that death occurred on the date and hour stated above. Feb 5 - 1946

Immediate cause of death AC. Cerebro-Spinal Meningitis. Simplex hrs

Due to Otitis Media, AC 4 days

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Not Operation

Of autopsy None

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) No

(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 David P. Ferris (M. D. ~~or other~~)
Address 1000 Carleton Blg Date signed Feb 6-46

(Licensed Embalmer's Statement on Reverse Side) St Louis Mo

APR 2 1947

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.