

No. 2
1-5-43
5-17-39
I X36671

FILED JUL 22 1946

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5920**

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: **Missouri Pacific Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **37 years**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **2/17**
(If outside city or town limits, write "RURAL")
(d) Street No. **6204 Carlsbad** **9**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Russell G. Hoffman**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **493-09-3714**

4. Sex **M** 5. Color of race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Eunice Hoffman** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **August 6 1908**
(Month) (Day) (Year)

8. AGE: Years **37** Months **10** Days **28**
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business **Head of Ed.**

12. Name **Julius Hoffman**

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

14. Maiden name **Jessie Jansen**

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

16. (a) Informant **Mrs. Eunice Hoffman**

(b) Address **6204 Carlsbad**

17. (a) **Burial** (b) Date thereof **July 6, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
Old St. Marcus

(c) Place: burial or cremation **Southern Funeral Home**

18. (a) Signature of funeral director _____
(b) Address **6322 So. Grand Blvd.**

19. (a) **JUL 5 1946** **J. F. Bredeek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **4**
14 year **1946** hour **17** minute **30** a.m.

21. I hereby certify that I attended the deceased from **June 23 1946** to **July 4 1946**
that I last saw him alive on **July 4 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lymphosarcoma of Apilla with Metastases to Liver**
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy **Lymphosarcoma**
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?

23. Signature **J. A. Lembik M.D.** (M. D. or other)
While at work? _____ (Specify type of place) (e) Means of injury _____
Address **607 N. Grand** Date signed **7-4-46**

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

MOTHER FATHER

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

J. Wm Binkley

Licensed Embalmer No.

3653

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.