

S. No. 2  
1-12-45  
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P I X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 9 1946**  
**318**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

08345  
State File No. **38715**  
Registrar's No. **10044**

Registration District No. **318** Primary Registration District No. **1003**

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:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
(Specify whether  
In this community 40 Yr.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 743 Heman  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HYMAN HOFFMAN  
3. (b) If veteran, name war no 3. (c) Social Security No. No  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 10, 1883  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 25  
year 1946 hour 3 minute 30 A M.  
21. I hereby certify that I attended the deceased from Nov 18, 1946, to Nov. 25, 1946  
that I last saw him undivide on Nov 25 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
63 7 15 hr. min.

Immediate cause of death:  
Cerebral hemorrhage  
Cerebral Hemorrhage

9. Birthplace Russia  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Grocer

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

12. Name Jeremiah Hoffman  
13. Birthplace Russia  
(City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_

14. Maiden name Unk  
15. Birthplace Russia  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Paul Lyss

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Address 6301 N. Rosebury

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 11/25/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_

(c) Place: burial or cremation Chevra Kedisha Berger Memorial

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Q. F. Bredack  
(b) Address 4715 Mc Pherson  
19. (a) NOV 25 1946 (b) Q. F. Bredack  
(If received local registrar) (Registrar's signature)

While at work? (Specify type of place) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature H. V. Goldman (M. D. or other) \_\_\_\_\_  
Address 634 North Grand Date signed 11/25/46

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

MOTHER, FATHER

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**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

*Neuro A. Auding*

Licensed Embalmer No. 4229

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.**