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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6443

Registrar's No. 239

**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: Jewish Hospital 0
(If not in hospital or institution, write street number or location)

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

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Illinois (b) County Madison 999

(c) City or town Woodriver 11
(If outside city or town limits, write "RURAL")

(d) Street No. NK 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME William Theodore Hoffmann

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 4 (Day) 1884 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 62 | 2 | 28 | hr. min. |

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

10. Usual occupation

11. Industry or business Standard Oil Co.

MOTHER FATHER

12. Name Adolph Hoffmann

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

14. Maiden name Minnie Jacobi

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

16. (a) Informant Julia Ford

(b) Address Woodriver, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-3-47 (Month) (Day) (Year)

(c) Place: burial or cremation Bunker Hill, Ill.

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

(b) Address 4700 Washington Blvd.

19. (a) MAR 4 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 2 year 1947 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from , 19 , to 3 — 2 , 1947; that I last saw him alive on 3 — 2 , 1947; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Pulmonary Embolism | 5 minutes |
| Due to | |
| Due to | |
| Other conditions Cancer of Urinary Bladder (Include pregnancy within 3 months of death) | 1 yr |

Major findings: Of operations Bilat. Hydro-ureter Ca. of Bladder

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) 0

While at work? (e) Means of injury

23. Signature Lawrence M. Cronberg (M.D. or other) M.D.

Address 462 No. Taylor, St. Louis Mo Date signed 3/4/47

(Licensed Embalmer's Statement on Reverse Side)

## 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 Ernest W. Spillard

Licensed Embalmer No. H 080

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.**