

S. No. 2
12-45
5-17-39
X47079

FILED APR 18 1947

Registration District No. 205

Primary Registration District No. 6047

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

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether _____)

In this community 10 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles 92

(c) City or town Rural
(If outside city or town limits, write "RURAL") 0

(d) Street No. Near Wentzville, Mo.
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME Robert Hoffman

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-07-9870

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mary Hoffman 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April 8th 1889
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1947 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from November 2, 1946, to April 10, 1947; that I last saw h. im. alive on MARCH 28, 1947; and that death occurred on the date and hour stated above.

8. AGE:

| | | | |
|-----------|--------|----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>58</u> | | <u>2</u> | hr. _____ min. _____ |

Immediate cause of death CARCINOMA of LIVER Duration 6 mo.

Due to _____

Due to _____

Other conditions: Hof
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired plumber

11. Industry or business _____

MOTHER FATHER { 12. Name Herman Hoffman H

{ 13. Birthplace Germany
(City, town, or county) (State or foreign country)

{ 14. Maiden name Hannah Jeffs

{ 15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Hoffman

(b) Address Wentzville, Mo.

17. (a) Burial (b) Date thereof April 14, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Thomas H. ...

(b) Address 2906 ...

19. (a) 4/11/47 (b) Mrs. Jess Lewis
(Date received local registrar) (Registrar's signature)

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) _____

While at work? _____ (c) Means of injury 2

23. Signature W.E. Bergesen (M. D. or other) D.O.

Address Wentzville, Mo. Date signed 4-10-47

Date Filed 4-18-47

District File Number

District Health Officer No. 9,

RECEIVED

MAY 8 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 Thos Kuhn

Licensed Embalmer No. 1619

P. O. Address 2906 Garvin

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.