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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1947 818

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15195

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 4021

1. PLACE OF DEATH:

(a) County .....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3883 Connecticut St.,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

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3. (a) PRINT FULL NAME Fred W. Hoffmann

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Male 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth | 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec. 28th, 1875 (Month) (Day) (Year)

8. AGE: Years 71 | Months 3 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace not known (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Retired P. O. Clerk

11. Industry or business .....

FATHER
12. Name Gustave Hoffmann
13. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Louise -------
15. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Elizabeth Hoffmann
(b) Address 3883 Connecticut St.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/47 (Month) (Day) (Year)
(c) Place: burial or cremation Carlyle, Ill.

18. (a) Signature of funeral director J. L. Ziegenhein
(b) Address 7027 Gravois Ave.,

19. (a) APR 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th, year 1947 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 12, 1947, to April 16, 1947; that I last saw him alive on April 16, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Aneurysm of Abdominal Aorta	1 week
Due to: Arteriosclerosis	1 year
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

96

Major findings:
Of operations .....
Of autopsy Above

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)
While at work? ..... (e) Means of injury 0

23. Signature Martin W. Davis (M. D. ~~or other~~)
Address 4 S. Humboldt Date signed 4/17/47

(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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.