

No. 300
M-10-47
5-17-39
I 3906

#81189
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6501
Registrar's No. 1452

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. L.
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2522 Rauschenbach 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LEONARD HOFF
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 10th
year 1948 hour 12 minute 06 P.M.
21. I hereby certify that I attended the deceased from 1/7/48
_____ 19 _____ to Feb. 10th 19 48
that I last saw him alive on Feb. 10th 19 48
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
(b) Name of husband or wife Nora Hoff
(c) Age of husband or wife if alive Unk. years
7. Birth date of deceased March 5 1884
(Month) (Day) (Year)

Immediate cause of death Cerebral vascular accident
Due to Hypertensive, arteriosclerotic heart disease
Due to _____

8. AGE: Years 63 Months 11 Days 5
If less than one day hr. _____ min. _____

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)
Major findings: Psychosis with cerebral arteriosclerosis
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

12. Name John Hoff

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

14. Maiden name Elizabeth Drippold

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

16. (a) Informant Catherine Amos

(b) Address 2522 Rauschenbach

17. (a) Removal (b) Date thereof 2-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville, Mo.

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

(b) Address 4700 Washington Blvd.

19. (a) FEB 11 1948 (b) J. F. Buresh
(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) _____ (g) Means of injury _____

23. Signature Anna J. Young (b) _____
Address 1515 Lafayette Date signed 2/10/48

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. Spiller
.....
Licensed Embalmer No..... *14080*

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.