FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 20971

Registrar's No. 5685

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: Alexian Brothers Hosp. (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 71 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00-0

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17

(d) Street No. 3812 South Broadway (If rural, give location) 9 3 24

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

If yes, name country –

3. (a) PRINT FULL NAME AUGUST F. 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 Olga Mueller

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased December 30, 1876 (Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 24 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Jeweler & Optician

11. Industry or business Jewelry

MOTHER FATHER

12. Name August Carl Hoffmann

13. Birthplace Ft. Smith, (City, town, or county) Arkansas (State or foreign country)

14. Maiden name Marie Suedmeyer

15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Clifford E. Hoffmann

(b) Address 6123 Dewey Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director BEIDERWIEDEN F.H.INC.

(b) Address 1936 St. Louis Avenue

19. (a) JUN 24 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd, year 1948 hour 8: minute 00 A. M.

21. I hereby certify that I attended the deceased from Nov 9, 1948, to June 23, 1948, that I last saw him alive on June 22, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
a. Coronary infarction	2 mos
Due to: Arteriosclerosis, generalized marked	unk
Due to:	
Other conditions (Include pregnancy within 3 months of death): Senile psychosis	2 mos

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause of 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

23. Signature Robert E. Warner (M. D. or other) M.D.

Address Paul Brown Bldg. Date signed June 24, 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Robt. G. Warner
Paul Brown Bldg.
11:00 A.M. - 3:00 P.M. Except Wednesday

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 Max L. Wenfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.