

Registration District No. \_\_\_\_\_

318

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. 6158

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:  
Missouri Pacific Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 weeks  
In this community 10 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Conrad Hoffmann

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

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

6. (b) Name of husband or wife Mrs. Susie Baer Hoffmann 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased November 23, 1875  
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired R. R. Worker

11. Industry or business Terminal R. R.

12. Name Herman Henry Hoffmann

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

14. Maiden name Anna Schmidt

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

16. (a) Informant Mrs. Susie Hoffmann

(b) Address 733 Zeiss, Lemay, Mo.

17. (a) Burial (b) Date thereof July 13, '48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery,

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address St. Louis Avenue

19. (a) JUL 12 1948 (b) J. F. Bredack  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Lemay  
(If outside city or town limits, write "RURAL")  
(d) Street No. 733 Zeiss Avenue  
M.P. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1948 hour 3 minute 22 AM

21. I hereby certify that I attended the deceased from June 4, 1948 to July 10, 1948  
that I last saw him alive on July 9, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Lung about 8 weeks  
Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Pneumonia  
(Include pregnancy within 3 months of death) Stroke

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Benjamin H. Charles (M. D. or other) 2nd

Address Mo. Pac. Hosp. Date signed July 10, 1948

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**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. Warfel* .....

Licensed Embalmer No. .... *4177* .....

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.**