

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

27817

7554

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

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: City Hospital ①
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT
FULL NAMEElizabeth Hoffmann

3. (b) If veteran,

name war

None

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred H. 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased November 4, 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 22 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Caryton K. McWilliams
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Anna Belle Andrews
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Fred H. Hoffmann(b) Address 2224 Richert Ave

17. (a) Burial (b) Date thereof 8-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery18. (a) Signature of funeral director Math. Hermann & Son, Inc.(b) Address 2161 E. Fair Ave

19. (a) AUG 28 1948 (b) J. F. Fredrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2224 Richert 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1948 hour 6 minute 50 PM.

21. I hereby certify that I attended the deceased from _____

_____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration
Fracture of left femur; when she
fell to the floor in bathroom at
her home, on July 5, 1948, about
Due to 10:00 o'clock P.M.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence July 5, 1948
(c) Where did injury occur? St. Louis 000
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

While at work? NO (Specify type of place)
(c) Means of injury see above
23. Signature [Signature] (M. D. or other)
Address [Signature] Date signed 8/28/48

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

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.