

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

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: **De Paul Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **10 days**
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME..... **Erwin L. Hofman**

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..... **Sophia E. Hofman** 6. (c) Age of husband or wife if alive..... **48** years

7. Birth date of deceased..... **August 13 1889**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 **0** **8** hr. min.

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

10. Usual occupation..... **Supt.**

11. Industry or business..... **Fire & Police Telegraph**

12. Name..... **Louis Hofman**

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

14. Maiden name..... **Emma**

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

16. (a) Informant..... **Mrs. Sophie Hofman**
(b) Address..... **4207a Holly Ave**

17. (a) **Burial** (b) Date thereof **Aug 25 1948**
(floral, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **New Bethlehem Cemetery**

18. (a) Signature of funeral director..... **Calvin F. Feutz**
(b) Address..... **4828 Nat Bridge Blvd**

19. (a) **AUG 24 1948** (b) **J. F. Brenck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **600**

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

(d) Street No..... **4207a Holly Ave**
(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 **21**
year..... **1948** hour..... **6** minute..... **45** P. M.

21. I hereby certify that I attended the deceased from..... **July 21/48**
....., 19....., to..... **Aug 21 48**....., 19.....

that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Occasional Left Lung 1 month

Due to.....

Due to.....

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

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..... **J. F. Brenck** (M. D. or other)
Address..... **1875 Madison** Date signed..... **8/24/48**

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.....

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.