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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

87915

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27820

FILED AUG 28 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7185

1. PLACE OF DEATH:

(a) County

(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: 0
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 Memorial
(Specify whether
In this community
years, months or days)

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")

(d) Street No. 5888 Cabanne Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Leonard A. Hofmann

3. (b) If veteran, name war no

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 Etta

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

7. Birth date of deceased May (Month) 25th (Day) 1889 (Year)

8. AGE: Years 59 Months 2 Days 20 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Clemens Hofmann
13. Birthplace St. Louis, Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Henrietta Kron
15. Birthplace St. Louis, Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs. Etta Hofmann
(b) Address 5888 Cabanne Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director L. Kron L&U. Co.
(b) Address 2707 N. Grand Blvd.

19. (a) AUG 16 1948 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15 year 1948 hour 6 minute 18 a M.

21. I hereby certify that I attended the deceased from 7-17-48, 19..., to 8-15-48, 19...; that I last saw him alive on 8-15-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Undetermined cause

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Lesion left parieto-occipital lobe - microscopic incomplete

Duration

PHYSICIAN

Underline the cause to 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 0

23. Signature [illegible] (M. D. or other) M.D.

Address 1515 Lafayette Avenue Date signed 8-16-48

(Licensed Embalmer's Statement on Reverse Side)

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.

Emb. cert. filed separately.

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.