FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 31105

Registrar's No. 8565

WRITE PLAINLY—USE 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: St. Luke's Hospt
*(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Jennings
(If outside city or town limits, write "RURAL")

(d) Street No. 5508 Helen Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Frank J. Hoffman

3. (b) If veteran, name war No

3. (c) Social Security No. 493-09-7108

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Anastasia Hoffman

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

7. Birth date of deceased September (Month) 26 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
65	0	4	hr. min.

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

10. Usual occupation Maintenance Man

11. Industry or business

FATHER
12. Name Wm. F. Hoffman
13. Birthplace ? (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Rose Rochier
15. Birthplace St. Mary's (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant William Hoffman
(b) Address 5508 Helen Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 4 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave

19. (a) OCT 1 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 30 Year 1948 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 27, 1948, to Sept. 30, 1948, that I last saw him alive on Sept 30, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of prostate with metastasis to liver	3 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Carcinoma of prostate metastasis to liver

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

23. Signature Anthony B. Day (M. D. or other)
Address 3720 Washington Date signed 10-1-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. A.B.Day
3720 Washington

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 Gustav W. Dietrich

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.