

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

21172

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

5041

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis / township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 17	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3831 Oregon Avenue		d. STREET ADDRESS (If rural, give location) 24- 3831 Oregon 3	
3. NAME OF DECEASED (Type or Print) a. (First) Ernst b. (Middle) F. c. (Last) Hoffmann		4. DATE OF DEATH (Month) (Day) (Year) June 8, 1949	
5. SEX Male C	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH July 29, 1857
9. AGE (In years last birthday) 91		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	11. BIRTHPLACE (State or foreign country) Quincy, Illinois /
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ernst Hoffmann		13b. MOTHER'S MAIDEN NAME Katherine Steiner	
14. NAME OF HUSBAND OR WIFE Minnie Hoffmann			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO.		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chl. Myocarditis DUE TO (c) General Debility - Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		9300	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		H 2 22	
22. I hereby certify that I attended the deceased from 4-5, 1934, to 6-8, 1949, that I last saw the deceased alive on 6-7, 1949, and that death occurred at 2:55 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Eugene Brown M.D.		23b. ADDRESS 3903 Olive St St Louis Mo	
23c. DATE SIGNED 6-9-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 10, 1949	
24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 10 1949 J. B. Casater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F. H. Inc., 1936 St. Louis	

(Licensed Embalmer's Statement on Reverse Side)

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

Don Eugene R  
Wall Building  
3903 Olive  
3-4 P.M.

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Paul H. Paulson*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *1114*

P. O. Address *1936 St Louis Ave*

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

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