

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38829

State File No.

318

1003

10405

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 St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) township		c. CITY (If outside corporate limits, write RURAL and give township) Baden Station		96	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8039 N. Broadway				d. STREET ADDRESS (If rural, give location) M.R. Bellefontaine & Chambers Road.			
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) A.		c. (Last) Hoffmann	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 19, 1889	
9. AGE (in years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Christ Hoffmann		13b. MOTHER'S MAIDEN NAME Wilhelmina Weiland		14. NAME OF HUSBAND OR WIFE Genevieve Hoffmann			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 333-03-2510		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Genevieve Hoffmann Bellefontaine			
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 & Chambers Road. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Coronary Arteriosclerosis</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 day	
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) St. Louis, Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 11-23-49			
22. I hereby certify that I attended the deceased from <i>Dec 11-23</i> to <i>12-1</i> , 1949, that I last saw the deceased alive on <i>11-23</i> , 1949, and that death occurred at <i>7:20 p.m.</i> from the causes and on the date stated above.							
23a. SIGNATURE <i>Carl H. Kern</i>		(Degree or title) <i>M.D.</i>		23b. ADDRESS <i>Minneapolis, Minn.</i>		23c. DATE SIGNED <i>12-2-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>12-5-49</i>		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. DEC 3 1949		REGISTRAR'S SIGNATURE <i>J. B. Rasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.			

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

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.