

FILED APR 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 10575

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2214

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis OR TOWNSHIP)
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 4065sShiller

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri ; b. COUNTY Perry
c. CITY (If outside corporate limits, write RURAL and give township) Perryville 0790
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print)
a. (First) Louis b. (Middle) c. (Last) Hoffman
4. DATE OF DEATH (Month) (Day) (Year) 4-6-50

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 31, 1874 9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (State or foreign country) Perryville, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Rose Hoffman-(Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mrs. Jennett Harris, 4065 Schiller ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 2 days
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Interossealitic Disease 10 yrs
DUE TO (c) Coronary Disease 2 yrs
II. OTHER SIGNIFICANT CONDITIONS
Recent Pneumonia 1 month

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) H220k

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 3-15, 1950, to 4-6, 1950, that I last saw the deceased alive on 4-5, 1950, and that death occurred at 1A. m., from the causes and on the date stated above.

23a. SIGNATURE Robert A. Brennan M.D. (Degree or title) 23b. ADDRESS 5417 S. Grand 23c. DATE SIGNED 4-6-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 4-6-50 24c. NAME OF CEMETERY OR CREMATORY City 24d. LOCATION (City, town, or county) (State) Perryville, Missouri

DATE REC'D BY LOCAL REG. APR 6 1950 REGISTRAR'S SIGNATURE J. B. Suter 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington

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

APR 14 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Elmo A. Sadwell

Licensed Embalmer No. *4077*

Signed.....
Student Embalmer

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.