

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **13669**

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

BIRTH NO. _____		REG. DIST. NO. <u>383</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>822</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mount Vernon</u>			c. LENGTH OF STAY (In this place) <u>359 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fenton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 23 - 50</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>				d. STREET ADDRESS (If rural, give location) <u>4500</u> <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle)		c. (Last) <u>Hoffman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 23 - 50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>7-11-04</u>		9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Hoffman</u>			13b. MOTHER'S MAIDEN NAME <u>Heck</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruby Ann Wilson, Rural Clerk Mt Vernon</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis.</u>  ANTECEDENT CAUSES Morbid 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 <u>Dr.</u>  <u>About</u>  <u>4 years.</u>	
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) <u>NO 2X</u>			
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? <u>49</u>			
22. I hereby certify that I attended the deceased from <u>4-28-50</u> , 19 <u>50</u> , to <u>4-23-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-23-50</u> , 19 <u>50</u> , and that death occurred at <u>12:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Missouri State Sanatorium</u> <u>Mount Vernon, Mo.</u>		23c. DATE SIGNED <u>4-23-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-24-50</u>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>St. Louis</u> <u>Mo.</u>		
DATE REC'D BY LOCAL REG. <u>April 24, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 411		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>May L Forest</u> <u>Attn: [Name]</u>			

RECEIVED APR 27 1950  
District Health Office No. 6,  
District File Number 450-487  
Date Filed 4-27-50

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 Max J. Fossett

Licensed Embalmer No. 4252

P. O. Address McDonough, Mo

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.