No. 300
10.48

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15395

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 931

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ballwin
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Manchester Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouriis
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ballwin
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ~~Aline~~ ALENE b. (Middle) c. (Last) Hoff

4. DATE OF DEATH (Month) (Day) (Year) 4-10-50

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH July 3 1886

9. AGE (In years last birthday) 64 — 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) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Rock Falls, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Richard Davison

13b. MOTHER'S MAIDEN NAME Louise Peterson

14. NAME OF HUSBAND OR WIFE Theodore Hoff (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 Russell Lemming 4965 McPherson 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS

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. ARTERIOSCLEROSIS

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION O.K. O.J.W. 422.1

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

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 MARCH 31, 1949, *to* APRIL 9, 1950, *that I last saw the deceased alive on* APRIL 9, 1950, *and that death occurred at* 10:32 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE B. R. Loving (Degree or title) M. D.

23b. ADDRESS Ballwin, Missouri

23c. DATE SIGNED 4-10-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24b. DATE 4-11-50

24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory

24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. 4-10-50

REGISTRAR'S SIGNATURE Herbert R. Dombe, MD

25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe 470 ADDRESS Washington

(Licensed Embalmer's Statement on Reverse Side)

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

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 J. Wm Bunbley

Signed.....
Student Embalmer

Licensed Embalmer No. 3653

P. O. Address.....

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

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

State of Missouri
City of St. Louis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 15 395

Local Registrar's No.

On this 30 day of June, 1950, before me appears Mary Lou Leming, who, upon her oath, states that the original record of death for Arline Hoff died April 9, 1950, 19, in the State of Missouri, and which was filed at Clayton, Mo. on 4-10-50, 19, should be corrected as follows:

Item No. 3 should read Alene Hoff

Instead of Arline Hoff

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mary Lou Leming Daughter
Relationship.

4965 McPherson Ave.
Present Address.

Subscribed and sworn to before me this 30 day of June, 1950

My Commission expires My Commission Expires Sept. 23, 1951 Edna C. Baxter Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
8-43
X37817