

No. 300
10-48

FILED APR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15396

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1012

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Bonhomme Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Bonhomme Twp.</u>	
c. LENGTH OF STAY (In hospital) <u>82 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Barretts Sta. Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barretts Sta. Rd.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>	b. (Middle) <u>Christian</u>	c. (Last) <u>Hoffmann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 18 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Dec 24, 1867</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Hoffmann</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Gross Hoffmann</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Dependahl Hoffmann</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give way or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry F. Hoffmann, Kirkwood, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>arterio-sclerosis (general)</u>		
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 <u>W20.1</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Oct. 19 1949 to April 17 1950, that I last saw the deceased alive on April 17, 1950, and that death occurred at 12:10 AM from the causes and on the date stated above.

23a. SIGNATURE <u>Henry F. Scott M.D.</u>	23b. ADDRESS <u>Ballwin Mo.</u>	23c. DATE SIGNED <u>April 18-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 20, 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Manchester, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-19-50</u>	REGISTRAR'S SIGNATURE <u>Hubert ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schrader Funeral Home, Ballwin, Mo.</u>
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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 _____

Theo. Schradet

Signed.....
Student Embalmer

Licensed Embalmer No. *3066*

P. O. Address *Dallwin, 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.