

No. 300
16.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28934

FILED AUG 22 1950

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3002 Registrar's No. 1992

1. PLACE OF DEATH a. COUNTY St. Louis		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) University City.		c. CITY (If outside corporate limits, write RURAL and give township) University City.	
c. LENGTH OF STAY (in this place) 53 yrs.		d. STREET ADDRESS (If rural, give location) 6415 Enright Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6415 Enright Ave.		3d. STREET ADDRESS 6415 Enright Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Abraham (aka Abe) b. (Middle) Aaron c. (Last) Hoffman			4. DATE OF DEATH (Month) (Day) (Year) Aug. 19, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Mar. 6, 1897
9. AGE (In years last birthday) 53		10. BIRTHPLACE (State or foreign country) St. Louis, Missouri	11. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Retail Shoes	
13a. FATHER'S NAME Adolph Hoffman		13b. MOTHER'S MAIDEN NAME Augusta Klein	
14. NAME OF HUSBAND OR WIFE Miss Jennie Hoffman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME Miss Jennie Hoffman	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ingestion of liquid carbolic acid - 1 oz. INTERVAL BETWEEN ONSET AND DEATH C971B	
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		11. 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 9772	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) University City, St. Louis, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 19 50 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Drank one oz. carbolic acid		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <i>Willmann</i> (Degree or title) Willmann, Coroner.		23b. ADDRESS Clayton, Mo.	
23c. DATE SIGNED 8/21/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 8/21/1950		24c. NAME OF CEMETERY OR CREMATORY Ghesed Shel Emeth	
24d. LOCATION (City, town, or county) (State) University City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial	
25. FUNERAL DIRECTOR'S ADDRESS 4715 McPherson Ave.		DATE RECD BY BOARD AUG 20 1950	

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 _____

Quinn A. Quiring

Licensed Embalmer No. 4829

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.