

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29019

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 1914			
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Des Peres</b>		c. LENGTH OF STAY (In this place) <b>11 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Des Peres</b>		<b>4000</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway #50</b>				d. STREET ADDRESS (If rural, give location) <b>Highway #50</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>P.</b> c. (Last) <b>Hoffmann</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 8, 1950</b>						
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 30, 1891</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance man</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Absorbent Cotton</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Charles Hoffmann</b>			13b. MOTHER'S MAIDEN NAME <b>Magdalena Busse</b>		14. NAME OF HUSBAND OR WIFE <b>Laura Niere Hoffmann</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>493-10-5292</b>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <b>Mrs. Laura Hoffmann, Kirkwood, Mo.</b>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Heart Disease</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>General Arteriosclerosis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>443X</b>						INTERVAL BETWEEN ONSET AND DEATH <b>5 yr (?)</b>  <b>5 yr. (?)</b>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>Sept. 28, 19 49</b> to <b>Aug. 8, 1950</b> , that I last saw the deceased alive on <b>Aug. 8, 19 50</b> , and that death occurred at <b>11:30Pm.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>C. R. Shreffler M. D.</b>				23b. ADDRESS <b>634 N. Grand Blvd.</b>			23c. DATE SIGNED <b>8-9-50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 11, 50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Trinity Lutheran</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>8-9-50</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Schrader Funeral Home, Ballwin, Mo.</b>				

(Licensed Embalmer's Seal/Stamp 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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed.....

*Theo. Schrader*

Licensed Embalmer No. *3066*

P. O. Address *Bolwin, 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.