

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42384

FILED JAN 13 1951

State File No. 11151
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2179
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			d. STREET ADDRESS (If rural, give location) 4149 Flora Pl.		
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) _____	c. (Last) Hoffman		4. DATE OF DEATH (Month) (Day) (Year) 12/27/50
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 22, 1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Frank Thon		13b. MOTHER'S MAIDEN NAME Augusta Luggenheim		14. NAME OF HUSBAND OR WIFE Sam	
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. ---	17. INFORMANT'S SIGNATURE OR NAME Samuel E. Hoffman Jr.		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 2 days years. years.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21f. HOW DID INJURY OCCUR? 88HX
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"/>				
22. I hereby certify that I attended the deceased from 8:30 , 19 50 , to 12/27 , 19 50 , that I last saw the deceased alive on 1/20 , 19 50 , and that death occurred at 6:20 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE <i>E. H. ...</i>		(Degree or title) 0	23b. ADDRESS 5703 Chap ...		23c. DATE SIGNED 1/27/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/29/50	24c. NAME OF CEMETERY OR CREMATORY St. Paul's Churchyard	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri		
DATE REC'D BY LOCAL REG. DEC 28 1950	REGISTRAR'S SIGNATURE <i>L. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE Wacker - Helderle		ADDRESS 3634 Gravois

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.....

Robert C. Wheeler

Signed.....
Student Embalmer

Licensed Embalmer No. 2128

P. O. Address St. Louis 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.