

FILED JAN 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42385**  
10780  
Registrar's No.

318 1003 81E  
REG. DIST. NO. 8001 PRIMARY REG. DIST. NO. 81E

BIRTH NO.		REG. DIST. NO. 8001		PRIMARY REG. DIST. NO. 81E		State File No. 42385		10780		Registrar's No.							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY													
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. LENGTH OF STAY (In this place) 12 days				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2069									
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital				e. STREET ADDRESS (If rural, give location) 1459a Hamilton Ave.													
3. NAME OF DECEASED (Type or Print)		a. (First) Josephine		b. (Middle) Anna		c. (Last) Hoffmann		4. DATE OF DEATH (Month) (Day) (Year) Dec. 16 1950									
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec. 8 1904		9. AGE (In years last birthday) 46		10. IF UNDER 1 YEAR Months		11. IF UNDER 24 HRS. Days		12. IF UNDER 1 MIN. Hours		13. IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) St. Louis Mo.				12. CITIZEN OF WHAT COUNTRY?					
13a. FATHER'S NAME John Suess				13b. MOTHER'S MAIDEN NAME Mary Uhl				14. NAME OF HUSBAND OR WIFE Roy Hoffmann									
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 Roy Hoffmann; 1459a Hamilton Ave.				ADDRESS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA of Stomach</u> <u>2 Generalized Metastasis</u> 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.								INTERVAL BETWEEN ONSET AND DEATH 7					
19a. DATE OF OPERATION 12/19/50				19b. MAJOR FINDINGS OF OPERATION Ca of Stomach, Liver, Pancreas.								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? 151X									
22. I hereby certify that I attended the deceased from 12-4 1950, to 12-16 1950, that I last saw the deceased alive on 12-16 1950, and that death occurred at 1:15a m., from the causes and on the date stated above.																	
23a. SIGNATURE Wm Wikes				23b. ADDRESS 1506 Hademann				23c. DATE SIGNED 12-18-50									
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 12/19/50				24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.					
DATE REC'D BY LOCAL REG. DEC 18 1950				REGISTRAR'S SIGNATURE J. B. Fosater				25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral; 1905 Union Blvd.				ADDRESS					

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

Dr. W. K. Weber;  
1506a Hoddiamont Ave.

(2 to 4)

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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 \_\_\_\_\_

*Albert R. Thompson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 40237

P. O. Address St. Louis

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.