

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6215

State File No. ....

FILED FEB 23 1951

Registrar's No. 1352

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. ....		Registrar's No. <b>1352</b>					
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>				c. LENGTH OF STAY (In this place) <b>10 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>2179</b>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3676 Shaw Blvd.</b>				STREET ADDRESS (If rural, give location) <b>3676 Shaw Blvd.</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>			b. (Middle) <b>ROBERT</b>			c. (Last) <b>HOFFMAN</b>			4. DATE OF DEATH <b>February 8, 1951</b> (Month) (Day) (Year)				
5. SEX <b>MO</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>		8. DATE OF BIRTH <b>June 17, 1887</b>		9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Cape Girardeau, Missouri</b>				12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <b>John W. Hoffman</b>				13b. MOTHER'S MAIDEN NAME <b>Louella Clens</b>				14. NAME OF HUSBAND OR WIFE <b>Bessie</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>490-01-9096</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Bessie Hoffman</b> ADDRESS <b>3676 Shaw Bl.</b>									
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Decalcification</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</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 <b>4 yrs.</b>			
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) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4201</b>									
22. I hereby certify that I attended the deceased from <b>4/7</b> , 19 <b>50</b> , to <b>2/8</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Dec 1</b> , 19 <b>50</b> , and that death occurred at <b>7:30a</b> m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <b>Dr. Wayne W. Weaver</b>				23b. ADDRESS <b>D.D. 2-5423A Southwest Ave.</b>				23c. DATE SIGNED <b>2/9/51</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-11-51</b>		24c. NAME OF CEMETERY OR CREMATORY _____				24d. LOCATION (City, town, or county) _____ (State) <b>Cape Girardeau, Missouri</b>					
DATE REC'D BY LOCAL REG. <b>FEB-9-1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Faerber</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>McLaughlin's</b> ADDRESS <b>2501 Lafayette Ave</b>							

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

Dr. W.M. Weaver, D.O.  
5423a Southwest Avenue  
ST 7167  
SI 0119

1-6 pm

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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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*L. R. Cooper*

Licensed Embalmer No. ....

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.**