

FILED MAR 22 1951

STANDARD CERTIFICATE OF DEATH

State File No. 10211
Registrar's No. 2238

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2238			
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 Mo		c. LENGTH OF STAY (In this place) 27 days		c. CITY (If outside corporate limits, write RURAL and give township) St Louis		2229			
d. FULL NAME OF (If not in hospital or institution, give street address or location) St Louis Children's Hosp				e. STREET ADDRESS (If rural, give location) 1470 Rutger Lane					
3. NAME OF DECEASED (Type or Print) a. (First) LINDA b. (Middle) CAROL c. (Last) HOFFMAN			4. DATE OF DEATH (Month) 3 (Day) 8 (Year) 51		5. SEX FEM		6. COLOR OR RACE WHITE		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 6-27-46		9. AGE (In years last birthday) 4		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXXXXX child			
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St Louis Mo U		12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME EVERETT H. Hoffman			
13b. MOTHER'S MAIDEN NAME Ruby Holt		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME J. EGAN		ADDRESS 500 So. Kings Highway		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.					
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) Anemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pyelonephritis 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	
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)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car				22. I hereby certify that I attended the deceased from 2-9-1951 , to 3-8-1951 , that I last saw the deceased alive on 3-8-1951 , and that death occurred at 2:50 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Dr. J. M. Smith M.D.		(Degree or title)		23b. ADDRESS Children's Hosp		23c. DATE SIGNED 3-8-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-10-51		24c. NAME OF CEMETERY OR CREMATORY Mount Hope		24d. LOCATION (City, town, or county) (State) St. Louis County Mo			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 10 1951 J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin		ADDRESS 2301 Lafayette					

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 24 1925

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.....

H. G. Lavis

Signed.....
Student Embalmer

Licensed Embalmer No. *3348*

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.