

FILED JUN 20 1951

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

State File No. 21687

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

300

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 2097	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.			
b. CITY (If outside corporate limits, write RURAL and give township) Bonhomme Township		c. LENGTH OF STAY (In this place) 6 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Mile West of Sylvan Beach				d. STREET ADDRESS (If rural, give location) 6602 Hoffman Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) FRED		b. (Middle)		c. (Last) HOF		4. DATE OF DEATH (Month) (Day) (Year) May 5 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 8, 1882	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Contractor (For Self)		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 69		11. BIRTHPLACE (State or foreign country) U	
13a. FATHER'S NAME Philip Hof		13b. MOTHER'S MAIDEN NAME Unknown Osborn		14. NAME OF HUSBAND OR WIFE Cecelia Hof			
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. 492-12-2569		17. INFORMANT'S SIGNATURE OR NAME Mrs. T. C. St John 6602 Hoffman			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH acute	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis				10 yrs.	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					
19a. DATE OF OPERATION No		19b. MAJOR FINDINGS OF OPERATION No				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 420.1			
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			
22. I hereby certify that I attended the deceased from 11/1, 1949, to 5/5, 1951, that I last saw the deceased alive on 5/5, 1951, and that death occurred at 9:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Thomas C. St John M.D.				23b. ADDRESS Metropolitan Bldg		23c. DATE SIGNED 5/7/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 9, 1951		24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 5/8/51		REGISTRAR'S SIGNATURE Robert P. Somke		FUNERAL DIRECTOR'S SIGNATURE Sts. Kriegshauser		ADDRESS 4228 S. Kingshighway Bl.	

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.....

*Richard W. Stovesand*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4007

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.