

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24743
6968
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100⁵ 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 OR TOWN ST. Louis		c. CITY OR TOWN ST. LOUIS		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI BAPTIST		d. STREET ADDRESS 3949 RUSSELL BLV.			
3. NAME OF DECEASED (Type or Print) a. (First) ROSE b. (Middle) HELEN c. (Last) HOEFLIN		DATE OF DEATH AUGUST 3 - 51			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH Nov 30 - 1907	9. AGE (In years last birthday) 43 YRS	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ST. Louis Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME GUSTAV HOEFLIN		13b. MOTHER'S MAIDEN NAME Barbara KROEN		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Barbara Hoeflein		ADDRESS 3949 Russell Blv
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) This does not mean mode of dying, such as marasmus, asthenia, etc. X means the disease, trauma, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) for advanced cancer of ovary ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with metastases to Rt & left liver. 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 8 mo
19a. DATE OF OPERATION 7-24-51	19b. MAJOR FINDINGS OF OPERATION inoperable cancer ovary to liver			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) 173X	(COUNTY)	(STATE)	
21d. TIME OF INJURY	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 Jan 15, 1951, to Aug 3, 1951, that I last saw the deceased alive on Aug 22, 1951, and that death occurred at 10 A.M., from the causes and on the date stated above.					
23a. SIGNATURE D. J. Verda M.D.		23b. ADDRESS 4500 Olive St		23c. DATE SIGNED 8-3-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 6 - 51	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) St Louis	(State) Mo	
DATE REC'D BY LOCAL REG. AUG 4 1951	REGISTRAR'S SIGNATURE J. B. Larata	25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schner	ADDRESS 3125 1/2 AFAYETTE		

WRITE PLAINLY—USING UNFADING BACK 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 _____

John B. Williams

Signed.....
Student Embalmer

Licensed Embalmer No. 4074

P. O. Address 3125 Lafayette

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 24743

State of Mo }
City of St Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 6968

On this 24 day of Oct, 1951, before me appears E J Schmur

who, upon her oath, states that the original record of ~~birth~~ death
for: ROSE HELEN HOFFLEIN, died AUG 3, 1951, in the State of
Missouri, and which was filed at St on 1951, should be corrected as follows:

Item No. 3 should read ROSE HELEN HOFFLEIN

Instead of ROSE HELEN HOFFLEIN

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant E J Schmur Undertaker
Relationship.

3125 Lafayette
Present Address.

Subscribed and sworn to before me this 24 day of Oct, 1951.

My Commission expires 12-6-52 Bernard F. Tolmer Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.