

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39156

FILED DEC 8 - 1951

State File No.

1003

Registrar's No. 9800

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission). a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place) 20yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4346	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If rural, give location) 7047 Waterman	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) Theodore	c. (Last) Hoffman	4. DATE OF DEATH (Month) (Day) (Year) Nov. 3, 1951
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 10, 1886	9. AGE (In years last birthday) 65yrs	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 28 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Guard St. Louis	10b. KIND OF BUSINESS OR INDUSTRY Union Trust Co.	11. BIRTHPLACE (State or foreign country) Utica, New York	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Hoffman	13b. MOTHER'S MAIDEN NAME Elizabeth Corber	14. NAME OF HUSBAND OR WIFE Vella Paub Hoffman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No. no. or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY No. 499-12-3304	17. INFORMANT'S SIGNATURE OR NAME Norman Rowlinson	ADDRESS 7047 Waterman
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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		INTERVAL BETWEEN ONSET AND DEATH 6 days 1 year
	I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <u>Anterior Myocardial Infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? 4201
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22. I hereby certify that I attended the deceased from 10-29-51, 1951, to 11-3-51, 1951, that I last saw the deceased alive on 11-3-51, 1951, and that death occurred at 7:45 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>John S. Spencer</u>	(Degree or title) M.D.	23b. ADDRESS 35 N. Central - Clayton 5, Mo.	23c. DATE SIGNED 11-5-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 6, 1951	24c. NAME OF CEMETERY OR CREMATORY Jacksonville Cemetery	24d. LOCAT/ON (City, town, or county) (State) Jacksonville Ill
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DATE REC'D BY LOCAL REG. NOV 5 1951	REGISTRAR'S SIGNATURE <u>John S. Spencer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexanderst Sons</u>	ADDRESS 6175 Delmar
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Spinner
35 N Central De 9100
3720 Wash De 3426

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.....
Student Embalmer

Signed Jos. E. McCulloch

Licensed Embalmer No. 2760

P. O. Address 6170 Delmar

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.