No. 300
10.48

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

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40305

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10093

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis, Missouri
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Mo 2239
d. STREET ADDRESS (If rural, give location): 23 1838 Rear So 13th St.

3. NAME OF DECEASED (Type or Print)
a. (First): BERTHA
b. (Middle):
c. (Last): HOFFA

4. DATE OF DEATH (Month) (Day) (Year): OCT. 31, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-25-1876
9. AGE (In years last birthday): 75 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hwk
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Peter Everhart
13b. MOTHER'S MAIDEN NAME: Jane ?
14. NAME OF HUSBAND OR WIFE: James Hoffa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: James Hoffa 1838 Rear So 13th St.

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) Carcinoma of breast with metastasis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 170X

22. *I hereby certify that I attended the deceased from* 10-14-52, *19*____, *to* 10-31-52, *19*____, *that I last saw the deceased alive on* 10-31-52, *19*____, *and that death occurred at* 10:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert E Thomason M.D.
23b. ADDRESS: 1515 Lafayette Avenue
23c. DATE SIGNED: 10-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-4-52
24c. NAME OF CEMETERY OR CREMATORY: Lake Wood Park Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Co Mo

DATE REC'D BY LOCAL REG.: NOV 3 1952
REGISTRAR'S SIGNATURE: J Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Moydell Funeral Home 1926 Allen

(Licensed Embalmer's Statement on Reverse Side)

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 me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed: Arle A. Thurman

Licensed Embalmer No. 4533

P. O. Address St Louis Mo

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.