

STANDARD CERTIFICATE OF DEATH

State File No. **43502**
Registrar's No. **11520**

FILED JAN 10 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6123 Ouida Ave		d. STREET ADDRESS (If rural, give location) 9 6123 Ouida Ave	
3. NAME OF DECEASED (Type or Print) Elvera		4. DATE OF DEATH (Month) (Day) (Year) Dec 12 1952	
a. (First)		b. (Middle)	
c. (Last) Hofmann.			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Singel 0	8. DATE OF BIRTH Dec 23, 1911
9. AGE (In years last birthday) 40		10. MONTH (Day) (Year) 11 19	11. HOURS (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Ralston Purina	
11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Hofmann		13b. MOTHER'S MAIDEN NAME Amanda Rodefeld.	
14. NAME OF HUSBAND OR WIFE None.			
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. NONE 494-01-3427	
17. INFORMANT'S SIGNATURE OR NAME John Hofmann		ADDRESS 6123 Ouida Ave	
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) Hodgkin's Disease			INTERVAL BETWEEN ONSET AND DEATH 8 yrs.
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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 201X			
22. I hereby certify that I attended the deceased from Aug 1945 , to Nov 12, 1952 , that I last saw the deceased alive on Dec 11, 1952 , and that death occurred at 10:25pm. , from the causes and on the date stated above.			
23a. SIGNATURE J. M. C. McDonald		23b. ADDRESS M.D. 539 N. Grand	
23c. DATE SIGNED 12-15-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE Dec 16, 1952	
24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis MO	
DATE REC'D BY LOCAL REG. DEC 15 1952		REGISTRAR'S SIGNATURE Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Buchholz-Koeller		ADDRESS 5967 W. Florissant Ave	

WRITE PLAINLY—USING UNFADING BLACK 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Wilfred M. Bushholz

Licensed Embalmer No. 4551

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.