

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44134**

No. 300
10. 48
FILED DEC 30 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **3278**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton	
c. LENGTH OF STAY (in this place) 3 weeks		4442	
d. FULL NAME OF HOSPITAL OR INSTITUTION Penn Nursing Home		d. STREET ADDRESS (If rural, give location) 138 N. Meramec	

3. NAME OF DECEASED (Type or Print) WILLIAM	a. (First)	b. (Middle)	c. (Last) HOFFMAN	4. DATE OF DEATH Dec. 21, 1952	(Month) (Day) (Year)
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 16, 1875	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 6 Days 5	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Clayton Street Dept.	11. BIRTHPLACE (City and State or Foreign Country) Creve Coeur, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Annie Hoffman, Dec'd.
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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	17. INFORMANT'S SIGNATURE OR NAME Orval Sutter, Pub. Adm.	ADDRESS Clayton, Mo.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardio-vascular disease DUE TO (c) Senile dementia		
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 A22K	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?
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22. I hereby certify that I attended the deceased from **July 30, 1951**, to **Dec 21, 1952**, that I last saw the deceased alive on **Dec 16, 1952**, and that death occurred at **10:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leaves Littman M.D.	23b. ADDRESS 8231 Clayton Rd (17)	23c. DATE SIGNED 12/22/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/22/52	24c. NAME OF CEMETERY OR CREMATORY St. Paul's Ev. Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.
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DATE REC'D BY LOCAL REG. 12-24-52	REGISTRAR'S SIGNATURE Herbert R. Domb	25. FUNERAL DIRECTOR'S SIGNATURE M. W. Louis	ADDRESS H. Bopp Inc. Richmond Mo
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(Licensed Embalmer's Statement on Reverse Side)

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 Felix Husand

Licensed Embalmer No. 3034

P. O. Address Kenwood 327

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.