

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11720

State File No.

FILED MAR 24 1953

318

1003

2406

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
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) St. Louis		c. LENGTH OF STAY (In this place) 9 days		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hosp.				d. STREET ADDRESS (If rural, give location) 7048 Lindenwood Pl. 0			
3. NAME OF DECEASED (Type or Print) Frank		a. (First) H.		b. (Middle) Hoffman		c. (Last) Hoffman	
4. DATE OF DEATH (Month) (Day) (Year) March 2 1953		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 7, 1885		9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		11. BIRTHPLACE (City and State or Foreign Country) Germany	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Katie May Hoffman	
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. 702-07-2253		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Katie May Hoffman, 7048 Lindenwood Pl.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>nephritis, chronic</u> INTERVAL BETWEEN ONSET AND DEATH 3 weeks 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 checked="" type="checkbox"/> NO <input 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) (COUNTY) (STATE)			
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 592X			
22. I hereby certify that I attended the deceased from <u>October, 1948</u> , to <u>March 2, 1953</u> , that I last saw the deceased alive on <u>March 2, 1953</u> , and that death occurred at <u>9:40A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John B. Matthews M.D.</u> (Degree or title)				23b. ADDRESS <u>3707 Watson Rd</u>		23c. DATE SIGNED <u>3-3-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE March 5, 1953		24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery		24d. LOCATION (City, town, or county) (State) Affton, Mo.	
DATE REC'D BY LOCAL REG. MAR 3 1953		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u> mjb.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoymeister Colonial Mortuary 6764 Chippewa St., St. Louis, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. John Matthews
3707 Watson Rd.,
ST 3886,
1 to 4:00PM

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

Henry J. Schumacher
Licensed Embalmer No. 2679

P. O. Address 2874 S. Roseway

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.