No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15813

FILED MAY 14 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO 1003 Registrar's No. 4084

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
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): Christian Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2079
d. STREET ADDRESS (If rural, give location): 6373 Laura Ave.

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

4. DATE OF DEATH (Month) (Day) (Year): April 18, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 27, 1910
9. AGE (In years last birthday): 43 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Daniel Crane
13b. MOTHER'S MAIDEN NAME: Mary Williams
14. NAME OF HUSBAND OR WIFE: Leslie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 490-03-4150
17. INFORMANT'S SIGNATURE OR NAME: Leslie Hoffmeister
ADDRESS: 6373 Laura Ave.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized carcinomatosis originating in right breast — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

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 ☐ 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* 10-3-52, 19____, *to* 4-18-53, 19____, *that I last saw the deceased alive on* 4-18-53, 19____, *and that death occurred at* 6:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title):
23b. ADDRESS: 5074 N. Union
23c. DATE SIGNED: 4-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 4-22-53
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

DATE REC'D BY LOCAL REG.: APR 20 1953
REGISTRAR'S SIGNATURE: J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Central Funeral Home 5541 Riverview Blvd.
m20
(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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Signed _____

Student Embalmer

Signed J. Allen Davis

Licensed Embalmer No. 4053

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.