

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16521**

FILED APR 29 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **105B**

4005
0

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY _____	
b. CITY OR TOWN Richmond Heights.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 7 Days		e. STREET ADDRESS (If rural, give location) 6123 Ouida Ave 2099			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) B c. (Last) Hofmann			4. DATE OF DEATH (Month) (Day) (Year) April 10 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 8, 1886	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 10 Days 2
10a. USUAL OCCUPATION: (Give kind of work done during most of working life, even if retired) Clerical Work	10b. KIND OF BUSINESS OR INDUSTRY Circuit Clerk.	11. BIRTHPLACE (City and 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 Barbara Lauderbach		14. NAME OF HUSBAND OR WIFE Amanda Hofmann.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. 489-20-7978		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Amanda Hofmann 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of skull 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 16 Days
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Accident at home		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo. 21	
21d. TIME OF INJURY April 4, 1953 3:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell off ladder	
22. I hereby certify that I attended the deceased from April 4, 1953, to April 10, 1953 , that I last saw the deceased alive on April 10, 1953 , and that death occurred at 9:30 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Dr. C. Macdonald M.D.			23b. ADDRESS 539 N. Grand		23c. DATE SIGNED 4-13-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 13/53	24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis MO.
DATE REC'D BY LOCAL REG. 4-10-53		REGISTRAR'S SIGNATURE Herbert R. Domb M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchholz-Koeller 5967 W. Florissant Ave	

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.....
Signature of Student Embalmer

Signed *Wmud W. Buchholz*.....

Licensed Embalmer No. *4551*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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