

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26490

6547

FILED JUL 31 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 7822 Ivory		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or Print) a. (First) Edmund		b. (Middle) J.		c. (Last) Hoffmeister			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH Feb. 28 1888		9. AGE (In years last birthday) 65		10. UNDER 1 YEAR Months Days			
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY?		13. DATE OF DEATH (Month) (Day) (Year) June 29 1953			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dist. Supt.		10b. KIND OF BUSINESS OR INDUSTRY City Park Dept.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Nicholas Hoffmeister		13b. MOTHER'S MAIDEN NAME Mary Dedoyard			
14. NAME OF HUSBAND OR WIFE Rose		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Rose Hoffmeister		17. ADDRESS 7822 Ivory					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ac. Cardiac Collapse ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Myocarditis DUE TO (c) Adeno-Sarcoma of Neck II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypotension				INTERVAL BETWEEN ONSET AND DEATH Sudden 1 year about 2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 199.17			
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?			
22. I hereby certify that I attended the deceased from Mar. 25, 1953, to June 29, 1953, that I last saw the deceased alive on June 28, 1953, and that death occurred at 6:45 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Dr. Leo P. Young (Degree or title) M.D.		23b. ADDRESS 2621 Jefferson		23c. DATE SIGNED June 30 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 7-2-1953		24c. NAME OF CEMETERY OR CREMATORY Sunset			
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Jos. P. Fendler Jr.		25. ADDRESS 7128 Michigan			

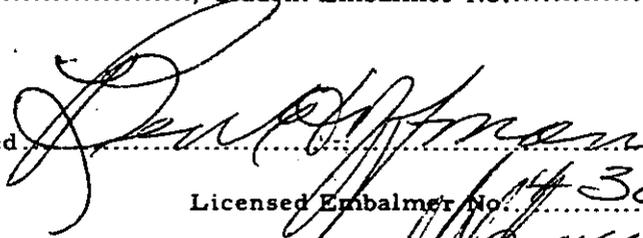
(Licensed Embalmer's Statement on Reverse Side)

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

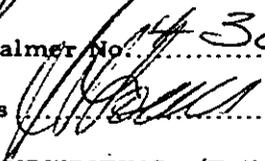
STATEMENT BY LICENSED EMBALMER

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.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 1430

P. O. Address 

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.