

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41669

State File No.

FILED NOV 25 1953

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2924</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Manchester</u>		c. LENGTH OF STAY (in this place township) <u>3 Wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gardenville</u>		d. STREET ADDRESS (If rural, give location) <u>4980 Heege Rd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) _____ c. (Last) <u>HOFFMANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9 1953</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>11-4-1893</u>		9. AGE (In years last birthday) <u>60</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper - St. George Rectory</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Lintfort, Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Albert Hoffmann</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kustanback</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-34-0012</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry Schmitt 2708 Ann - St. L. Mo.</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriole Sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 months</u> <u>2-3 years</u> <u>2-3 years</u>	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
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 <u>9-29-1953</u> to <u>10-17-1953</u> , that I last saw the deceased alive on <u>10-17-1953</u> , and that death occurred at <u>1953</u> <u>St. L. Mo.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert W. Blalock m.d.</u>				23b. ADDRESS <u>601 S. Brentwood Clayton Mo.</u>		23c. DATE SIGNED <u>11/9/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (inter.)</u>		24b. DATE <u>11-13-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>W.M.C.</u>		24d. LOCATION (City, town, or county) (State) <u>O'Fallon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/12/53</u>		REGISTRAR'S SIGNATURE <u>Walter E. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter E. ... 4228 S. Kings Highway</u>			

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

Richard W. Stoverand

Licensed Embalmer No. 4007

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