

STANDARD CERTIFICATE OF DEATH

State File No. **14265**

FILED DEC 16 1953

11578

BIRTH NO. 82188 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11578

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 6 Days	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Ann		d. STREET ADDRESS (If rural, give location) 10543 St. Xavier Lane.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital		4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1953	
3. NAME OF DECEASED a. (First) Gregory b. (Middle) Joseph c. (Last) Hofmann		5. SEX <input checked="" type="radio"/> Male <input type="radio"/> Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Dec 1, 1953		9. AGE (In years last birthday) 6 IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 12 MOS. Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) #####		10b. KIND OF BUSINESS OR INDUSTRY #####	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Hofmann		13b. MOTHER'S MAIDEN NAME Maureen Callanan	
14. NAME OF HUSBAND OR WIFE #####		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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Hofmann 10543 St. Xavier La.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Pulmonary atelectasis focal bilateral Adrenal edullary hemorrhage bilateral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 7620	
22. I hereby certify that I attended the deceased from December 1, 1953 , to December 7, 1953 , that I last saw the deceased alive on December 1953 , and that death occurred at 4 A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) George P. Gallivan, M.D.		23b. ADDRESS 812 Olive, St. Louis, Mo	
23c. DATE SIGNED 12/7/53		24a. BURIAL CREMATION, REMOVAL (Specify) Burial	
24b. DATE Dec 9, 1953		24c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE 10123 St. Char. Rd	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 7 1953		26. ADDRESS #####	

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

W. Embalmung

Signed

Sheldon Collier

Licensed Embalmer No. *3382*

P. O. Address *10123 St. Charles*

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.