

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10114

State File No.

No. 300
0.48

BIRTH NO. FILED MAR 31 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2654

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|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance) | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | a. STATE Missouri | b. COUNTY 2179 |
| c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital | | e. STREET ADDRESS (If rural, give location) 4012 Botanical Avenue | |

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|-------------------------------------|---------------------|-------------------|----------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) AGNES | b. (Middle) E. | c. (Last) HOFFMAN | 4. DATE OF DEATH (Month) (Day) (Year) March 22, 1954 |
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|------------------|---------------------------|--|-------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced | 8. DATE OF BIRTH August 22, 1896 | 9. AGE (In years last birthday) 57 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Secretary | 10b. KIND OF BUSINESS OR INDUSTRY Fair Mercantile Co. | 11. BIRTHPLACE (City and State or Foreign Country) Maeystown, Illinois | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Andrew Notter | 13b. MOTHER'S MAIDEN NAME Christina Welch | 14. NAME OF HUSBAND OR WIFE George W. Hoffman (deceased) |
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| 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. 500-18-0105 | 17. INFORMANT'S SIGNATURE OR NAME Miss Pamela Hoffman | ADDRESS 4012 Botanical Ave. |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 1 hour |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Myocardial Infarction</i> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio sclerosis</i> | | |
| DUE TO (c) | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Chi. Cholesty stites</i> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) 4201 |
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| 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? <i>no injury</i> |
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22. I hereby certify that I attended the deceased from March 19 1954, to March 22, 1954, that I last saw the deceased alive on 3/22, 1954, and that death occurred at 7:00 P.M. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <i>E. Davis</i> | (Degree or title) MA | 23b. ADDRESS 3720 Washington St. St. Louis | 23c. DATE SIGNED 3/23/54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Mar. 25, 1954 | 24c. NAME OF CEMETERY OR CREMATORY S.S. Pater & Paul Cemetery | 24d. LOCATION (City, town, or county) (State) Waterloo, Illinois |
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| DATE REC'D BY LOCAL REG. MAR 23 1954 | REGISTRAR'S SIGNATURE <i>Carl Smith</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Robert A. + W. B.</i> | ADDRESS 1905 So. Grand Blvd. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(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..

Student.....
Signature of Student Embalmer

Signed *Ronald O. Yalub*.....

Licensed Embalmer No. 39.....

P. O. Address *S. L. Law*.....

**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.**