

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **10591**

No. 300
10-48

BIRTH NO. **FILED MAR 23 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **594**

1. PLACE OF DEATH a. COUNTY St. Louis		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 Clayton		c. CITY OR TOWN Overland	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 9517 Ridge Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp.			

3. NAME OF DECEASED (Type or Print) Roy (Leroy) Hoffmann	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH 3-5-54	(Month)	(Day)	(Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-8-1894	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus operator		10b. KIND OF BUSINESS OR INDUSTRY Public Service		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Frank Hoffmann	13b. MOTHER'S MAIDEN NAME Hortense La Chase	14. NAME OF HUSBAND OR WIFE Josephine A. Hoffmann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) 1918-21	16. SOCIAL SECURITY NO. 494-01-0998
17. INFORMANT'S SIGNATURE OR NAME Roy A. Hoffmann		
ADDRESS 9517 Ridge 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thromboses		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery disease DUE TO (c) Hypertensive cardiovascular disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity, senile, Gastric ulceration with hemorrhage			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **2-24**, 19**54**, to **3-5**, 19**54** that I last saw the deceased alive on **3-5**, 19**54**, and that death occurred at **8:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. H. Page, M.D.	23b. ADDRESS 601 S Brentwood	23c. DATE SIGNED 3/6/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/9/54	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		

DATE REC'D BY LOCAL REG. 3/9/54	REGISTRAR'S SIGNATURE Heckard K. Tompkins	25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral	ADDRESS 1905 Union Blvd.
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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 *Warren A. Carve*.....

Licensed Embalmer No. *35*.....

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.