

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED APR 29 1954

3634

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 <b>MISSOURI</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (In this place) <b>2 YRS.</b>		2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4717-ANDERSON-AVE.</b>		d. STREET ADDRESS (If rural, give location) <b>4717-ANDERSON-AVE.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GUIDO</b> b. (Middle) _____ c. (Last) <b>HOFF.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 21<sup>ST</sup> 1954</b>		
5. SEX <b>D</b> <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER-MARRIED.</b>	8. DATE OF BIRTH <b>AUG. 28<sup>TH</sup> 1892</b>	9. AGE (In years last birthday) <b>61 YRS.</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARM-HAND</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING.</b>	11. BIRTHPLACE (State or foreign country) <b>FAYETTEVILLE-ILLINOIS!</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>JOHN G. HOFF</b>	13b. MOTHER'S MAIDEN NAME <b>ANNA-MENSE.</b>	14. NAME OF HUSBAND OR WIFE <b>SINGLE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give year or date of service) <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. ALVINA-HUNDELT.</b>	ADDRESS <b>4717 ANDERSON-AV.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b>		
	DUE TO (c) <b>Myocardial Infarction</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <b>4201</b>
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **1895A**, from the causes and on the date stated above.

23a. SIGNATURE <i>Joseph M. Quinn</i>	(Degree or title) <b>Deputy</b>	23b. ADDRESS <b>31300 Clark</b>	23c. DATE SIGNED <b>4/21/54</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>APR. 24<sup>TH</sup> 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. PANCRATIUS-CEMETERY.</b>	24d. LOCATION (City, town, or county) (State) <b>FAYETTEVILLE. ILL.</b>
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DATE REC'D BY LOCAL REG. <b>APR 22 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Brockland Und. Co.</b>	ADDRESS <b>1827-HOGAN-ST.</b>
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S.P. (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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Elton R. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo

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.