

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13576

State File No. ....

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3035**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, give name before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Afton # 82</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Baptist Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>9337 Rambler Dr.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Henry</b> c. (Last) <b>Hofffeld</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 3 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>May 26 1882</b>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Retired Construction</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>71</b> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
11a. FATHER'S NAME <b>John Hofffeld</b>		11b. MOTHER'S MAIDEN NAME <b>Josephine Helfer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE <b>Dora Hofffeld</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Spanish Amer.</b>		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
17. INFORMANT'S SIGNATURE OR NAME <b>Dora Hofffeld</b>		ADDRESS <b>9337 Rambler Dr.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA, RT. LUNG</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>HOME</b>	
		DUE TO (c) <b>NONE</b>	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) <b>NONE</b>	
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"/>			
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>163X</b>	
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	
22. I hereby certify that I attended the deceased from <b>2/1/54</b> , 19___, to <b>4/3/54</b> , 19___, that I last saw the deceased alive on <b>4/2/54</b> , 19___, and that death occurred at <b>2:14</b> a. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Doctor B K Knepper M.D.</b>		23b. ADDRESS <b>44500 Olive St.</b>	23c. DATE SIGNED <b>4/3/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>4-6-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Bur. Pk.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>
DATE REC'D BY LOCAL REG. <b>APR 5 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Witt Bros.</b> ADDRESS <b>2929 S. Jefferson</b>	

WRITE PLAINLY—USING UNFAADING 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 *J. M. Davis* .....

Licensed Embalmer No. *374*

P. O. Address *2929 So. Jefferson*

**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.**