

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35546**  
Registrar's No. **2534**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>2079</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MANCHESTER, MO.</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>17 DAYS</b>		e. STREET ADDRESS (If rural, give location) <b>4869-BESSIE-AV.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MANCHESTER-NURSING-HOME</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNA</b> b. (Middle) <b>- MARIA</b> c. (Last) <b>HOFFMANN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 31<sup>ST</sup> 1955</b>		
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER-MARRIED</b>	8. DATE OF BIRTH <b>MAR. 3<sup>RD</sup> 1875</b>	9. AGE (in years last birthday) <b>80 YRS.</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SEAMSTRESS</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RED-DIAMOND-DUSTRY CLOTHING-CO.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS - MO.</b>		12. COUNTRY OF WHAT COUNTRY? <b>U. S. A.</b>	
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13a. FATHER'S NAME <b>GEORGE-HOFFMANN</b>		13b. MOTHER'S MAIDEN NAME <b>CATHERINE-POLLHANS.</b>		14. NAME OF HUSBAND OR WIFE <b>&lt; SINGLE &gt;</b>	
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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) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>JOSEPH J. HOFFMANN-5831-LORAN.</b>		ADDRESS _____	
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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, ashenia, 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) <b>CHRONIC MYOCARDITIS</b>			DUE TO (b) <b>ARTERIOSCLEROSIS</b>					
- ANTECEDENT CAUSES			DUE TO (c) <b>SENILITY</b>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			NONE				4221	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								

19a. DATE OF OPERATION <b>NONE</b>		19b. MAJOR FINDINGS OF OPERATION <b>-</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from **JULY 1, 1955**, to **OCT. 31, 1955**, that I last saw the deceased alive on **OCT. 31, 1955** and that death occurred at **9:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>B. R. Loring, M.D.</b> (Degree or title)		23b. ADDRESS <b>BALLWIN, MO.</b>		23c. DATE SIGNED <b>11-1-55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>NOV. 3<sup>RD</sup> 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY-CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>	
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DATE REC'D BY LOCAL REG. <b>11-1-55</b>		REGISTRAR'S SIGNATURE <b>Herbert B. Donahue M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Brockland Und. Co.</b>		ADDRESS <b>1827-HOGAN-ST.</b>	
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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 *John S. Renner*.....  
Licensed Embalmer No. *419*.....  
P. O. Address *St. Louis*.....

**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.