

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38373**
9978
Registrar's No.

FILED DEC 2 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.** c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN **St. Louis** d. Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **129 W. Stein's** e. STREET ADDRESS (If rural, give location) **129a W. Stein's 2070**

3. NAME OF DECEASED (Type or Print) a. (First) **Edward L.** b. (Middle) **Hoffmann** c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) **November 13, 1955**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **Sept. 16, 1874** 9. AGE (In years last birthday) **81** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **retired** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Jacob Hoffmann** 13b. MOTHER'S MAIDEN NAME **Eva Koebel** 14. NAME OF HUSBAND OR WIFE **Annie L. Hoffmann**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** **None** 16. SOCIAL SECURITY NO. **Unk.** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Annie Hoffmann 129a W. Stein's**

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) **Cardiac decompensation**
INTERVAL BETWEEN ONSET AND DEATH **3 days**
*This does not mean the mode of dying, such as heart failure, asthma, 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) **Chronic endocarditis** **10 years**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **4214**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **430.0** 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Nov. 12, 1955**, to **Nov. 13, 1955**, that I last saw the deceased alive on **Nov. 12, 1955** and that death occurred at **820 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **A. H. Peters** (Degree or title) **M.D.** 23b. ADDRESS **41145 a S. Grand Blvd.** 23c. DATE SIGNED **11/15/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **11-17-55** 24c. NAME OF CEMETERY OR CREMATORY **Parklawn Cem.** 24d. LOCATION (City, town, or county) (State) **Lemay 23, Mo.**

DATE REC'D BY LOCAL REG. **NOV 16 1955** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Southern Funeral Home 6322 S. Grand Blvd. St. Louis, Mo.**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR. PETERS
41450 A Grand
FL 3-7733

to 3

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.....
Licensed Embalmer No.....

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.