

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42183

FILED JAN 6 1956

State File No. 10874
Registrar's No. 1003

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 OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 4
d. FULL NAME OF HOSPITAL OR INSTITUTION 6335 MARQUETTE			f. STREET ADDRESS (If rural, give location) -14 6335 MARQUETTE 21410		
3. NAME OF DECEASED (Type or Print) a. (First) ALYA		b. (Middle) H.	c. (Last) HOFFMAN.		4. DATE OF DEATH (Month) (Day) (Year) 12-10-1955
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED/ DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH 1-31-1912.	9. AGE (In years) (Months) (Days) 43 10 70	IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of last 12 months) BUS. OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY PUBLIC SERVICE	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO		12. CITIZEN OF WHAT COUNTRY USA.
13a. FATHER'S NAME MORITZ P. HOFFMAN		13b. MOTHER'S MAIDEN NAME EMMA. Sch	14. NAME OF HUSBAND OR WIFE ATTMAN AUBIE ROWALSKY HOFFMAN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) Yes		16. SOCIAL SECURITY NO. 494-07 9200	17. INFORMANT'S SIGNATURE OR NAME ADDRESS AUBIE M. HOFFMAN, 6335 Marquette		
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 Occlusion			ANTECEDENT CAUSES Coronary Sclerosis		
*Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b)		
DUE TO (c)			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 420.1			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 <u>19</u> to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>335A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Describe or title) Robert E. J...			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12/12/55
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12-13-1955	24c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL CEM		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO	
DATE REC'D BY LOCAL REG. DEC. 12 1955	REGISTRAR'S SIGNATURE J. Carl Smith		FEDERAL DIRECTOR'S SIGNATURE ADDRESS 3819 Grand Blvd		

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 *Geo J. Angermuller*
Licensed Embalmer No. *4611*
P. O. Address *Adon 182*

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.