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.48

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

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3168

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 99

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: University City 4336
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 6666 Washington

3. NAME OF DECEASED (Type or Print)
a. (First): Sam (AKA SIMON H.)
b. (Middle):
c. (Last): HOFFMAN

4. DATE OF DEATH (Month) 1 (Day) 11 (Year) 56

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Marr
8. DATE OF BIRTH: Feb. 14-1890
9. AGE (In years last birthday): 65 — 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): Employee
10b. KIND OF BUSINESS OR INDUSTRY: Garment Manf.
11. BIRTHPLACE (City and State or Foreign Country): Hungary
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unk. Hoffman
13b. MOTHER'S MAIDEN NAME: Unk.
14. NAME OF HUSBAND/OR WIFE: Rose
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW#1
16. SOCIAL SECURITY NO.: 486-28-3335
17. INFORMANT'S SIGNATURE OR NAME: Rose Hoffman — ADDRESS: 6666 Washington

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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) Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: new and old

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Myocardial infarction

DUE TO (c) Arteriosclerotic heart disease

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 [ ] 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) m.
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* 1-11, 1956, *to* 1-11, 1956, *that I last saw the deceased alive on* 1-11, 1956, *and that death occurred at* 5:40 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. Romney, M.D.
23b. ADDRESS: 601 S. Brentwood, Clayton
23c. DATE SIGNED: 1-12-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Bur.
24b. DATE: 1/13/56
24c. NAME OF CEMETERY OR CREMATORY: Mount Olive
24d. LOCATION (City, town, or county) (State): University City, Mo.

DATE REC'D BY LOCAL REG.: 1-12-56
REGISTRAR'S SIGNATURE: Herbert R. Donbe MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Berger Memorial 4715 McPherson
(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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lawrence J. Dein

Licensed Embalmer No. 3598

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.