

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32104

State File No. _____
Registral's No. **8149**

FILED SEP 26 1956

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		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"/>
c. LENGTH OF STAY (in this place) 3yr, 21da		e. STREET ADDRESS (If rural, give location) USA 5800 Arsenal St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital		23/10	
3. NAME OF DECEASED (Type or Print) a. (First) Frederick b. (Middle) c. (Last) Hoffman		4. DATE OF DEATH (Month) (Day) (Year) 9 2 1956	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8/13/1879
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and State or Foreign Country) St. Louis
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Frederick		13b. MOTHER'S MAIDEN NAME Ricka Kiger	14. NAME OF HUSBAND OR WIFE Louise Bauer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS St. Louis Chronic Hospital, 5600 Arsenal
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease 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 443x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 8/11 , 19 53 , to 9/2 , 19 56 , that I last saw the deceased alive on 9/2 , 19 56 and that death occurred at 4:40P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) George M. Janku, MD		23b. ADDRESS 5600 Arsenal, St. Louis	23c. DATE SIGNED 9/4/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept 5, 1956	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Home
24d. LOCATION (City, town, or county) (State) St. Louis Mo		25. FURNER'S SIGNATURE AND ADDRESS 5611 So. Grand	
DATE REC'D BY LOCAL REG. SEP 4 1956		REGISTRAR'S SIGNATURE [Signature]	

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 *Harry J. Schumacher*.....
Licensed Embalmer No. *2679*.....
P. O. Address *5611 S. Green*.....

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.