

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35649

STATE FILE NUMBER

FILED OCT 18 1956

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8711

1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN S.T. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CHARLACK-VILLAGE 4260		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. BAPTIST - HOSP.			Length of stay in lb 1 YEAR		d. STREET ADDRESS 8704 WINDOM-AV			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE LAST ELIZABETH _____ HOFF				4. DATE OF DEATH Month Day Year SEPT. 20TH 1956				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MAR. 25TH 1880		9. AGE (In years last birthday) 76 YRS		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE-WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) ST. LIBORY - ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME BERNARD - HUMMERT				14. MOTHER'S MAIDEN NAME THERESA - SCHULTE				
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. NONE		17. INFORMANT Henry Hoff 8704 Windom ave. Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis, Chronic Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). Aneurysm, Mitral Stenosis, Arteriosclerosis							INTERVAL BETWEEN ONSET AND DEATH Many years	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from July 1936, to Sept 20/56 and last saw her alive on Sept 19, 1956 Death occurred at 8045 A. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Alfred M. Januszewski, M.D. (Degree or title)				22b. ADDRESS 6202 Hoffman		22c. DATE SIGNED 9-21-56		
23a. BURIAL, CREATION, REMOVAL (Specify) BURIAL		23b. DATE SEP 24TH 1956	23c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY		23d. LOCATION (City, town, or county) ST. LOUIS		(State) MO.	
24. FUNERAL DIRECTOR Brockland Und. Co. 1827-HOGAN ST. ADDRESS			25. DATE RECD. BY LOCAL REG. SEP 21 1956		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			

(Licensed Embalmer's Statement on Reverse Side)

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 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 Haines*  
Licensed Embalmer No. *1111*  
P. O. Address *St. Paul*

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