

STANDARD CERTIFICATE OF DEATH

State File No. 11040
 Registrar's No. 456

FILED APR 15 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500

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

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy c. LENGTH OF STAY (In this place) 3 Days
 c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Hill Top House 4 e. STREET ADDRESS (If rural, give location) 2159 - 4501 Minnesota Ave.

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) MARGARET c. (Last) HOFFMAN 4. DATE OF DEATH (Month) (Day) (Year) Feb. 17 1957

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH Feb. 29, 1872 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and State or Foreign Country) New York City, New York 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank Duran 13b. MOTHER'S MAIDEN NAME Unknown Ellen Dugan 14. NAME OF HUSBAND OR WIFE Late/Captain George Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS George R. Hoffman 823 S. Taylor Ave.

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident INTERVAL BETWEEN ONSET AND DEATH 15 min.
 ANTECEDENT CAUSES
 *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
 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. Atherosclerosis

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO 331X

21a. ACCIDENT SUICIDE (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) (Minute) _____ 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 Feb 14, 1957, to Feb 17, 1957, that I last saw the deceased alive on Feb 17, 1957, and that death occurred at 8:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John G. McInerney M.D. 23b. ADDRESS 5014 Thekla de St. Louis 23c. DATE SIGNED 2/17/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Feb. 20, 1957 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem. 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 2-18-57 Hebeck K. Lamb 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mariegshauer 4228 S. Kingshighway Bl.

2-18-57 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD
 Items 13a, 13b, & 14 corr by afdvt jf
 4-15-57

APR 16 1957

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. 4533

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.