

FILED SEP 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

30320

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1929

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood, Mo. Inside Limits Yes* No <input type="checkbox"/>		c. CITY OR TOWN Webster Groves Inside Limits Yes* No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Length of stay in lb 2 wks.		d. STREET ADDRESS (If outside, give location) 670 Hollywood Pl. Reside on Farm Yes <input type="checkbox"/> No *	
3. NAME OF DECEASED (Type or print) FRANK W. HOFFMAN First Middle Last			4. DATE OF DEATH Aug. 2, 1957 Month Day Year
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 20, 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Engineer		10b. KIND OF BUSINESS OR INDUSTRY Mo. Insp. Bur.	9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Benjamin Hoffman		14. MOTHER'S MAIDEN NAME Ida Wallingford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch or dept. of service) No/NA S.A.T.C.		16. SOCIAL SECURITY NO. 490-01-7973	17. INFORMANT Mary Hoffman, 670 Hollywood Pl. 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) Acute leucosarcoma			INTERVAL BETWEEN ONSET AND DEATH 2 wks.
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) Bronchopneumonia			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year 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 5, 1957 to Aug 2, 1957 and last saw him alive on Aug 2, 1957 Death occurred at 11:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Crump (Degree or title) M.D.	22b. ADDRESS 114 E. Lockwood	22c. DATE SIGNED 8/2/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-5-57	23c. NAME OF CEMETERY OR CREMATORY Mount Carmel	23d. LOCATION (City, town, or county) Belleville, Ill. (State)
24. FUNERAL DIRECTOR Parker-Aldrich, Webster Groves ADDRESS	25. DATE RECD. BY LOCAL REG. 8/3/57	26. REGISTRAR'S SIGNATURE Herbert A. Donke MD	

(Licensed Embalmer's Statement on Reverse Side)

39.

USE ONLY BLACK INK OR RIBBON. TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes if diseases in Part I must be causally related.

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.....
Leslie Hefek

Licensed Embalmer No. *43*

P. O. Address *Trubster St.*

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.