

XC-20 036 879

THE DIVISION OF HEALTH OF MISSOURI

33640

FILED OCT 4 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

SL-14803

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 8977

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND		Length of stay in 12 days	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM S. HOFMAN		4. DATE OF DEATH Month Day Year 9/24/57	
5. SEX MALE	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 11/28/91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN (UNEMPLOYED)		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI
13. FATHER'S NAME WILLIAM HOFMAN		14. MOTHER'S MAIDEN NAME IDA BEARD	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. 494-10-5225A	17. INFORMANT Address VAH, 915 N. GRAND AVE., ST. LOUIS, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BILATERAL PYELONEPHRITIS, ACUTE & CHRONIC DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. HISTORY OF CYSTECTOMY AND URETERAL SIGMOIDSTOMY, OLD FOR CARCINOMA OF BLADDER			INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE <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. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. attended the deceased from 9/12/57 to 9/24/57 and last saw him alive on 9/24/57 Death occurred at 2:30 PM on the day stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Merton L. Howard M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 9/24/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-27-57	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) St Louis Co MO
24. FUNERAL DIRECTOR A. Kraw 2707 N. Grand		25. DATE RECD. BY LOCAL REG. SEP 25 57	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DEC 29 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Loron E. Percy
Licensed Embalmer No. _____

P. O. Address St. Louis

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