

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37586
STATE FILE NUMBER

FILED NOV 1 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10080**

300
1-57

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 Incarinate Word Hospital		d. STREET ADDRESS (If outside, give location) 5821a Devonshire St.,	
3. NAME OF DECEASED (Type or print) First Middle Last George Arthur Hoffman			4. DATE OF DEATH Month Day Year October 25, 1957
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 August 14, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Fireman		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Fire Dept.	11. BIRTHPLACE (City and state or country) St. Louis, Missouri.
13a. FATHER'S NAME Theodore Hoffman		13b. MOTHER'S MAIDEN NAME Elizabeth Cortes	14. NAME OF HUSBAND OR WIFE Frances Hoffman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. I		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Frances Hoffman, 5821a Devonshire Street.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conjunctive failure DUE TO (b) Uremia DUE TO (c) Hemorrhage - B-D. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 578x			INTERVAL BETWEEN ONSET AND DEATH 2 wks 1 wk 1 mo.
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 o.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 1948 to 1957 and last saw him live on 10/25/57 Death occurred at 5:47 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) D.D. Michael M.D.		22b. ADDRESS 812 Olive	
22c. DATE SIGNED 10/28/57			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Entombment	10-28-57	Oak Grove Mausoleum	St. Louis County, Missouri.
24. FUNERAL DIRECTOR ADDRESS Harrigan-Sheahan, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. OCT 28 57	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. M.J.B.

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

x Missouri
 x St. Louis
 x 7821a Devonshire St.,
 October 25, 1921
 Hoffman
 Arthur
 George
 Male
 white
 August 14, 1888
 St. Louis Fire Dept. St. Louis, Missouri. U.S.A.
 Theodore Hoffman
 Elizabeth Corlies
 Frances Hoffman
 Yes
 W.W.I
 None
 Frances Hoffman, 7821a Devonshire Street.
 Theodore Hoffman

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 *Elmer R. Padgett*

Licensed Embalmer No. *4077*
 P. O. Address *St. Louis*

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 this body is not embalmed, fact should be so stated above.