

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-012683  
STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 795

|   |                                  |  |  |  |   |  |  |
|---|----------------------------------|--|--|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |                                  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR <u>St. Ann</u>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  | c. CITY OR TOWN <u>St. Ann</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10514 St. Michael</u>  |                                  |  | Length of stay in lb <u>3 Yrs.</u>   | d. STREET ADDRESS (If outside, give location) <u>10514 St. Michael</u>   |   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>    |
| 3. NAME OF DECEASED (Type or print)<br>First <u>William</u> Middle <u>Paul</u> Last <u>Hoffmann</u>   |                                  |  |  | 4. DATE OF DEATH<br>Month <u>March</u> Day <u>18</u> Year <u>1958</u>  |   |  |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>June 27, 1887</u>   | 9. AGE (In years last birthday) <u>70</u>  | IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> | IF UNDER 24 HRS.<br>Hours <u>0</u> Min. <u>0</u>                                     |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Maintenance</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Maintenance</u>   |  | 11. BIRTHPLACE (City and state or country) <u>Germany</u>  |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  |
| 13. FATHER'S NAME<br><u>Paul Hoffmann</u>   |                                  |  |  | 14. MOTHER'S MAIDEN NAME<br><u>Emma Baumann</u>  |   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |                                  | 16. SOCIAL SECURITY NO. <u>497 01 8198</u>   |  | 17. INFORMANT Address<br><u>Ann Anthony 10541 St. Michael</u>  |   |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>CORONARY THROMBOSIS</u><br>DUE TO (c) <u>CORONARY ARTERY SCLEROSIS</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>H201</u> |                                  |  |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>HOURS (2)</u><br><u>HOURS (2)</u><br><u>years</u> |
| 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<br>Hour <u>    </u> Month, Day, Year<br>a. m. <u>    </u><br>p. m. <u>    </u>  |                                  |  |  |  |   |  |  |
| 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 <u>Sept 12, 1957</u> to <u>March 18, 1958</u> and last saw <del>him</del> <sup>her</sup> alive on <u>March 17, 1958</u><br>Death occurred at <u>2:25</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |  |  |  |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>Frank Cohen M.D.</u>   |                                  |  |  | 22b. ADDRESS<br><u>10517 St Charles Road St Ann Mo</u>   |   | 22c. DATE SIGNED<br><u>3/18/58</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   | 23b. DATE<br><u>3/20/58</u>      | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cemetery</u>  |  | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis Mo.</u>  |   |  |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Collier Mortuary, St. Ann, Mo.</u>   |                                  |  | 25. DATE RECD. BY LOCAL REG.<br><u>3-19-58</u>   |  | 26. REGISTRAR'S SIGNATURE<br><u>Robert R. Donke M.D.</u>                      |  |  |

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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 *Sheldon Collier*

Licensed Embalmer No. *73*

P. O. Address *St. Am*

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.