

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027737

STATE FILE NUMBER

FILED JUL 28 1958

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 1942

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Hts.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Ann Village</b>
8. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		Length of stay in lb <b>1 Wk.</b>	d. STREET ADDRESS (If outside, give location) <b>3403 St. Mark Lane</b>
3. NAME OF DECEASED (Type or print) First <b>DOROTHY</b> Middle <b>L.</b> Last <b>HOFFMANN</b>			4. DATE OF DEATH Month <b>July</b> Day <b>22</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <b>3</b> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>March 12, 1898</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>
13a. FATHER'S NAME <b>Joseph J. Koncen</b>		13b. MOTHER'S MAIDEN NAME <b>Mary K. Heil</b>	14. NAME OF HUSBAND OR WIFE <b>Hans Hoffmann</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>George Hoffmann</b> Address <b>Ollivette, Mo. 1135 Collingwood Dr</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>infarction of myocardium</b> DUE TO (b) <b>arteriosclerotic heart disease</b> DUE TO (c) <b>4200</b> 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 (a) <b>Rupture of myocardium with hemo-pericardium</b>			INTERVAL BETWEEN ONSET AND DEATH <b>72 hr.</b> <b>unknown</b>
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 <b>7-19-58</b> to <b>7-22-58</b> and last saw her alive on <b>7-22-58</b> Death occurred at <b>11:30 A.M. 7-22-58</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>George A. Mahe MD</b> (Degree or title)		22b. ADDRESS <b>950 Francis Pl.</b>	22c. DATE SIGNED <b>7-24-58</b>
23a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 26, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cem.</b>
23d. LOCATION (City, town, or county) <b>St. Louis Co. Mo.</b>		23e. (State)	
24. FUNERAL DIRECTOR <b>Kriegshauser 4228 S. Kingshighway</b>		25. DATE RECD. BY LOCAL REG. <b>7-24-58</b>	26. REGISTRAR'S SIGNATURE <b>Robert P. Dumble MD</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All 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

*Richard W. Stoverson*

Licensed Embalmer No. 4007

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.