

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037866

STATE FILE NUMBER

FILED OCT 23 1958

Registration District No. \_\_\_\_\_

318

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

9870

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>02 ALEXIAN BROS.</i>		Length of stay in lb <i>1 wk. 20/19</i>	d. STREET ADDRESS <i>7149 WHALEY</i> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>LOUIS</i> Middle <i>C</i> Last <i>HOFFMANN</i>			4. DATE OF DEATH Month <i>Oct.</i> Day <i>14,</i> Year <i>1958</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug. 25, 1903</i>	9. AGE (In years last birthday) <i>55</i>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>BOTTLER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>ANHEUSER BUSCH</i>	11. BIRTHPLACE (City and state or country) <i>St Louis Mo. 0</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>LOUIS HOFFMANN</i>		13b. MOTHER'S MAIDEN NAME <i>ANNA KLEINER</i>		14. NAME OF HUSBAND OR WIFE <i>ANNA HOFFMANN</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>ANNA HOFFMANN 7149 WHALEY</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute myocardial infarction, ruptured</i>					INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>
Conditions, if any, which gave rise to above cause (a):					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <i>550.1</i>					
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 _____ a.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 <i>Oct 7 1958</i> to <i>Oct 14 1958</i> and last saw her alive on <i>Oct 14, 1958</i> Death occurred at <i>1: AM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>John J. Orshy M.D.</i> (Degree or title)			22b. ADDRESS <i>5203 Clayton</i>		22c. DATE SIGNED <i>10-15-58</i>
23a. BURIAL CREMATION REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or country) (State)
<i>SERIAL</i>		<i>10/16/58</i>	<i>SS PETER &amp; PAUL</i>		<i>St Louis Mo.</i>
24. FUNERAL DIRECTOR <i>J L ZIEGENHEIN &amp; SONS</i> ADDRESS <i>7027 GRAVOIS</i>			25. DATE RECD. BY LOCAL REG. <i>OCT 15 58</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300  
1-57

**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 *Donald E Benz* .....

Licensed Embalmer No. *4863* .....

P. O. Address *St. Louis, Mo.* .....

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.