Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042834
STATE FILE NUMBER

FILED NOV 17 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2840

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Manchester — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Pine Crest Home — Length of stay in 1b 2 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Manchester 4000 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Manchester Rd. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Hugo Middle Last Hoff
4. DATE OF DEATH Month October Day 30, Year 1958

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ UNK. 9
8. DATE OF BIRTH July 8, 1884
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNK.
10b. KIND OF BUSINESS OR INDUSTRY UNK.
11. BIRTHPLACE (City and state or country) Illinois 1
12. CITIZEN OF WHAT COUNTRY? U.SA

13a. FATHER'S NAME UNK.
13b. MOTHER'S MAIDEN NAME UNK.
14. NAME OF HUSBAND OR WIFE UNK.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. 495-22-0501a
17. INFORMANT Pine Crest Home — Address Ballwin, 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) Acute Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH 5 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Mitral Stenosis — Don't Know
DUE TO (c) Rheumatic Fever — " "
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 410X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE 10-30-58

21. I attended the deceased from May 2nd '58 to [redacted] and last saw her/him alive on 10-30-58
Death occurred at 3:00 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ralph W. Laffey, D.C. 2
22b. ADDRESS Box 122 Manchester Rd.
22c. DATE SIGNED 11-4-58

23a. BURIAL, CREMATION, REMOVAL (Specify) ANATOMICAL
23b. DATE 11/5/58
23c. NAME OF CEMETERY OR CREMATORY Anatomical
23d. LOCATION (City, town, or county) St. Louis (State) Mo.

24. FUNERAL DIRECTOR Rowland-Aher — ADDRESS 4104 Manchester
25. DATE RECD. BY LOCAL REG. 11/5/58
26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 No Embalming
D C Acker
Licensed Embalmer No. .....

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.