

XC 20467088
SL 17475

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045813

STATE FILE NUMBER

318

1003

Registrar's No. 11735

FILED DEC 22 1958

Registration District No.

Primary Registration District No.

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO		c. CITY OR TOWN WATERLOO	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 VETS ADMIN HOSPITAL		d. STREET ADDRESS (If outside, give location) 31 RT # 1	

3. NAME OF DECEASED (Type or print) First: ROLAND Middle: F. Last: HOFFMANN			4. DATE OF DEATH Month: DEC Day: 5 Year: 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/29/08		9. AGE (In years, last birthday) 50

10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) WATERLOO, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME GEORGE HOFFMANN		13b. MOTHER'S MAIDEN NAME CAROLINE BOCHNE	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, Unknown) (If yes, give year or dates of service) NO	

16. SOCIAL SECURITY NO. 357108830	17. INFORMANT VA HOSP RECORDS 915 N GRAND ST LOUIS, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEPATIC INSUFFICIENCY DUE TO (b) LAENNEC'S CIRRHOSIS DUE TO (c) CHRONIC ALCOHOLISM 581.1		INTERVAL BETWEEN ONSET AND DEATH 3 WEEKS 5 YEARS -
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) -		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE <input checked="" 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.) VA	20f. CITY, TOWN, OR LOCATION VA	COUNTY	STATE
21. I attended the deceased from Death occurred at 4:46 AM		to 11/9/58, to 12/5/58 and last saw him alive on 12/5/58 on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) M.D.		22b. ADDRESS VAH, ST. LOUIS, MISSOURI		22c. DATE SIGNED 12/5/58

23a. BURIAL (Specify)	23b. DATE DEC 7, 1958	23c. NAME OF CEMETERY OR CREMATORY V. a. College VINCENT A. CODIGA, M.D. WARTBURG	23d. LOCATION (City, town, or county) (State) WARTBURG ILLINOIS
24. FUNERAL DIRECTOR Emil Schumheim	25. DATE RECD. BY LOCAL REG. DEC 5 '58		26. REGISTRAR'S SIGNATURE Carl Smith

(Licensed Embalmer's Statement on Reverse Side)

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 *Frank Proff*

Licensed Embalmer No. *4356*

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.