

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046628

STATE FILE NUMBER 3264

FILED DEC 22 1958 Registration District No. 317 Primary Registration District No. 543 Registrar's No. 2014

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jennings			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jennings		4138	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8531 Clifton Ave.			Length of stay in lb 12-yrs.	d. STREET ADDRESS (If outside, give location) 8531 Clifton Ave.			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Anna Middle M. Last Hoffmann				4. DATE OF DEATH Dec. 10, 1958 Month Dec. Day 10 Year 1958			
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 22, 1867		9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) California, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Jacob Hoffmann				14. MOTHER'S MAIDEN NAME Anna Whetangle			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. M. Cicotte, 3606 Montana Ave.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chole myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. old age DUE TO (b) old age DUE TO (c) 422.2							INTERVAL BETWEEN ONSET AND DEATH 2 mo
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 9 p.m. Month 12 Day 10 Year 1958							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 4/22/58 to 12-10-58 and last saw her alive on 12-9-58 Death occurred at 9 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated							
22a. SIGNATURE (Degree or title) W.D. Florissant M.D.				22b. ADDRESS 67046 Florissant		22c. DATE SIGNED 12/12/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 13, 1958	23c. NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery		23d. LOCATION (City, town, or county) (State) Pilot Grove, Missouri		
24. FUNERAL DIRECTOR Arthur J. Donnelly			ADDRESS 3840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG. 12-12-58	26. REGISTRAR'S SIGNATURE Robert M. ...		

1. Health, & Welfare
2. Public Health Service

3. 300
4. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Security of medical certification in this specific manner required by 193.140-206RS (1949).

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 *Wm S. Saffer*.....

Licensed Embalmer No. *4691*

P. O. Address *3841 Linn*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.