

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011019

STATE FILE NUMBER

2 1421

Registration District No.

Primary Registration District No.

Registrar No.

FILED MAR 12 1959

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before (Specify)) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>AFFTON 4810</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St ANTHONY'S HOSP DOA</i>		d. STREET ADDRESS (If outside, give location) <i>8540 PILOT</i>	

3. NAME OF DECEASED (Type or print) First <i>PAUL</i> Middle <i>H</i> Last <i>HOFFMAN</i>			4. DATE OF DEATH Month <i>FEB</i> Day <i>7</i> Year <i>1959</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>OCT 27, 1900</i>	9. AGE (In years last birthday) <i>58</i>	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) <i>MGR-WHOLESALE</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>FRANK'S INC.</i>	11. BIRTHPLACE (City and state or county) <i>WATERLOO, ILL.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>PETER HOFFMAN</i>	13b. MOTHER'S MAIDEN NAME <i>AUGUSTA TROST</i>	14. NAME OF HUSBAND OR WIFE <i>ELIZABETH</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>	16. SOCIAL SECURITY NO. <i>490-03-9267</i>	17. INFORMANT <i>ELIZABETH HOFFMAN</i> Address <i>8540 PILOT</i>
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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) <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>420.1</i>	
	DUE TO (c)	
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 checked="" type="checkbox"/> NO <input 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 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 <i>AFFTON, Mo.</i>	COUNTY	STATE
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21. I attended the deceased from _____ and last saw her/him alive on _____
Death occurred at *315 P* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Schwarz & Myer</i>	(Degree or title) <i>3</i>	22b. ADDRESS <i>1300 Ave</i>	22c. DATE SIGNED <i>2/10/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>2/11/1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>SUNSET BURIAL PARK</i>	23d. LOCATION (City, town, or county) (State) <i>AFFTON, Mo.</i>
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24. FUNERAL DIRECTOR <i>J L ZIEGENHEIN & SONS</i>	ADDRESS <i>7027 GRAVOIS</i>	25. DATE RECD. BY LOCAL REG. <i>FEB 10 '59</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>
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300
1-57
7
A
10
C

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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
[Handwritten Signature]

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.