

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011570

STATE FILE NUMBER

FILED MAR 19 1959

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 712

1. PLACE OF DEATH <input checked="" type="checkbox"/> 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 University City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City 4356
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1162 Watts Ave		Length of stay in 1b YRS.	d. STREET ADDRESS (If outside, give location) 1162 Watts Ave
			Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Charles Middle J. Last Hoffmann			4. DATE OF DEATH Month 3 Day 16 Year 59		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 29-1874	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 4 Days 18 Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Highland Ills		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Hoffmann			14. MOTHER'S MAIDEN NAME Josephine Schneider		
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. 489-05-3328	17. INFORMANT Emmett Hoffmann 1162 Watts 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) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis		10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Osteoarthritis		

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.) 331X	
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.) 4-17-56	20f. CITY, TOWN, OR LOCATION ST. LOUIS	COUNTY MO	STATE MO
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21. I attended the deceased from **4-17-56** to **3-10-59** and last saw him alive on **3-12-59**
Death occurred at **6 PM** on the date stated above; and to the best of my knowledge, from the causes stated

22a. SIGNATURE Chas J. Donnelly M.D. (Degree or title)	22b. ADDRESS 6000 W. Florissant	22c. DATE SIGNED 3-17-59
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23a. BURIAL CREATION (REMOVAL SPECIFY) Burial	23b. DATE 3-19-59	23c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery	23d. LOCATION (City, town, or county) (State) ST LOUIS MO
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24. FUNERAL DIRECTOR Arthur J. Donnelly 3846 Lixelle 1131 vcl	25. DATE RECD. BY LOCAL REG. 3-17-59	26. REGISTRAR'S SIGNATURE John L. Murphy, M.D.
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Cause cannot certify to a death due to natural causes.

1-4.30.PM

3-5-78

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by Student Embalmer No. working under my personal supervision..

Student..... Signature of Student Embalmer

Signed..... [Handwritten Signature]

Licensed Embalmer No. 46

P. O. Address 3844

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