

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012720

FILED VS APR 5 1960

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's 2 3245

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Length of stay in 1b DOA	c. CITY OR TOWN St. Louis
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4135A Flad

3. NAME OF DECEASED (Type or print) First Middle Last CAPITOLINA NMN HOFMANN			4. DATE OF DEATH Month Day Year MARCH 20, 1960		
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/20/1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min. 8 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Germany	12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME Paul Stidl		13b. MOTHER'S MAIDEN NAME Caroline Boech		14. NAME OF HUSBAND OR WIFE Sebastian	
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. none		17. INFORMANT Sebastian Hofmann 4135 a. Flad	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Adeno Carcinoma of Right Lung with Carcinoma-tosis</u> About 2 yrs. Interval between onset and death	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 163x	

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.)	
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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 St. Louis Mo.		20g. COUNTY		20h. STATE	

21. I attended the deceased from 10/8/59 to 3/20/60 and last saw ^{her} ~~him~~ alive on 3/20/60
Death occurred at 2:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F R Bradley		(Degree or title) M. D.		22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 3/20/60	
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3/23/60		23c. NAME OF CEMETERY OR CREMATORY Ste Peter & Paul		23d. LOCATION (City, town, or county) St. Louis Mo.	
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24. FUNERAL DIRECTOR Schuamcher 3013 Meramec		25. DATE RECD. BY LOCAL REG. MAR 21 1960		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

CERTIFICATE 25, 1912

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed VE Morris

Licensed Embalmer No. 3368

P. O. Address St Louis

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.