

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037046

FILED VS

REGISTRATION DISTRICT NO. 0071 01888 317

Primary Registration District No. 500

Registrar's No. 2837

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Ferdinand Twp		Length of stay in 1b 8 yrs		c. CITY OR TOWN St. Ferdinand Twp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Villa Gesu			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 11755 Riverview		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last SISTER MARY SERAPHICA HOFFMANN				4. DATE OF DEATH Month Day Year September 25th, 1960				
5. SEX female	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 6/20/80	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Religious		11. BIRTHPLACE (City and state or country) Quincy, Ill		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Lambert Hoffmann			13b. MOTHER'S MAIDEN NAME Julia Glass		14. NAME OF HUSBAND OR WIFE none			
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 Address Sister M. Nicoletta, 11755 Riverview				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial acute mild degeneration. DUE TO (b) PSHA. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 10 day 10 yrs.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Schists.					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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 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		COUNTY	STATE	
21. I attended the deceased from 1952 to 9-25-60 and last saw her alive on 9-25-60 Death occurred at 1:35 AM m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) [Signature]			22b. ADDRESS 83218 Broadway		22c. DATE SIGNED 9-26-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9/27/60	23c. NAME OF CEMETERY OR CREMATORY Villa Gesu		23d. LOCATION (City, town or county) St. Louis Co., Mo.				
24. FUNERAL DIRECTOR Emil J. Heitzenroeder, 8319 Hallsferry			ADDRESS	25. DATE RECD. BY LOCAL REG. 9-26-60	26. REGISTRAR'S SIGNATURE [Signature]			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

9
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 Elton H. Remel

Licensed Embalmer No. 4283

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.