URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 2 1960

-60-043703

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11313

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN University City
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 7317 Amherst
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Louis Middle A. Last Hoffman
4. DATE OF DEATH Month 11 Day 24 Year 60
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8/25/08
9. AGE (last birthday) 52
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Upholster
10b. KIND OF BUSINESS OR INDUSTRY Upholstering
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Sam Hoffman
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Lillian Hoffman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unk.
17. INFORMANT Address Mrs. L. Hoffman-7317 Amherst

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hodgins Disease — INTERVAL BETWEEN ONSET AND DEATH 8 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 201x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 11/14/60, to 11/24/60 and last saw her/him alive on 11/24/60
Death occurred at 9:45 a.m. 11/24/60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank R. Bradley, M.D.
22b. ADDRESS BARNES HOSPITAL
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11/27/60
23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.
23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR Herman Rindskopf, Inc. ADDRESS 5216 Delmar
25. DATE RECD. BY LOCAL REG. NOV 25 1960
26. REGISTRAR'S SIGNATURE Hoard Smith, M.D.

DOCUMENT

BY AFFIDAVIT OF

X

X

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 John Kettes

Licensed Embalmer No. 3880

P. O. Address_____

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