

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Length of stay in 1b DOA	c. CITY OR TOWN St Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital N01			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1250 Hodiament Ave	
3. NAME OF DECEASED (Type or print) First Elsa Middle Ruth Last Hoffman			4. DATE OF DEATH Month March Day 24 Year 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jan 24 1892	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months 2 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Cleaning Est.		11. BIRTHPLACE (City and state or country) Mulhousen, Indiana	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Samual Caseldine		13b. MOTHER'S MAIDEN NAME Sally Lee DeHof	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown)   (If yes, give war or dates of service) No None		17. INFORMANT Florence Hopper 4006 Will Ave Lemay 25, Mo.	
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-Vascular Heart Disease</i>					INTERVAL BETWEEN ONSET AND DEATH 3
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Acute Myocardial Infarction</i>					7/21/1961
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221				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 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 COUNTY STATE	
21. I attended the deceased from <i>July 20-1961</i> to <i>July 22-1961</i> and last saw her alive on <i>July 22-1961</i> Death occurred at <i>5:18 P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>H.G. Moore M.D.</i> (Degree or title)			22b. ADDRESS <i>917-5018</i>		22c. DATE SIGNED <i>5-27-61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Mar 28 1961	23c. NAME OF CEMETERY OR CREMATORY Mt Hope Cem.		23d. LOCATION (City, town, or county) (State) Lemay Mo.
24. FUNERAL DIRECTOR Fey Funeral Home, Mehlville Mo.			25. DATE RECD. BY LOCAL REG. MAR 27 1961		26. REGISTRAR'S SIGNATURE <i>Neal Smith M.D.</i>

**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 *Dustan W. [Signature]*

Licensed Embalmer No. *4329*

P. O. Address *St Louis Mo*

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.