

XC 2235612 SL 24403

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3599

FILED APR 24 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
ITEM NO.
BY AFFIDAVIT OF

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 129 DAYS	c. CITY OR TOWN Moline Acres		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY St. Louis		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2407 NETHERWOOD		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle Last HOFBAUER			4. DATE OF DEATH Month APRIL Day 13 Year 1961				
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 12-4-95	9. AGE (last birthday) 65	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) ELECTRICIAN		10b. KIND OF BUSINESS OR INDUSTRY Maloney Elec. Co		11. BIRTHPLACE (City and state or country) AUSTRIA HUNGARY		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JOHN HOFBAUER SR.		13b. MOTHER'S MAIDEN NAME THERESA HOFFMAN		14. NAME OF HUSBAND OR WIFE BARBARA HOFBAUER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWT			17. INFORMANT BARBARA HOFBAUER, 2407 NETHERWOOD				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GLIOBLASTOMA MULTIFORME						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) _____						193.0	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BRONCHOPNEUMONIA						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 12-5-60 to 4-13-61 and last saw ^{him} alive on 4-13-61 Death occurred at 11:10 p m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Daniel F. O'Sullivan</i> (Degree or title) DANIEL F. O'SULLIVAN M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 4-14-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-17-61	23c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
24. FUNERAL HOME BAUMANN BROS. INC. FUNERAL HOME 2504 WOODSON ROAD				25. DATE RECD. BY LOCAL REG. APR 15 1961		26. REGISTRAR'S SIGNATURE <i>Loal 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 David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland

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.