MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-027695
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2126

FILED AUG 3 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton — Length of stay in 1b: 3 wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Louis Co.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: St.Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 9015 Newby — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HILDA Middle Last HOFF
4. DATE OF DEATH: Month July Day 29th, Year 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9/20/70
9. AGE (last birthday): 91 — 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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and state or country): Mascoutah, Ill
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William Engel
13b. MOTHER'S MAIDEN NAME: not known
14. NAME OF HUSBAND OR WIFE: John Jacob Hoff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Elmer L. Hoff, Address 8632 Riverview

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): Arteriosclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Coronary Infarction
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Parotitis acute (rt)
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 7-5-61, to 7-29-61 and last saw her alive on 7-29-61
Death occurred at 6 55 a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD
22b. ADDRESS: 601 So. Brentwood
22c. DATE SIGNED: 7-29-61
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 8/1/61
23c. NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis Co.,Mo
24. FUNERAL DIRECTOR ADDRESS: DIEDRICH FUNERAL HOME, 8319 Hallsferry
25. DATE RECD. BY LOCAL REG.: 7-29-61
26. REGISTRAR'S SIGNATURE: John C. Murphy Md.

(Licensed Embalmer's Statement on Reverse Side)

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 J W Dunbly

Licensed Embalmer No. 3657

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.