

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9387**

1. PLACE OF DEATH a. COUNTY _____		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) OR TOWN ST. LOUIS		Length of stay in 1b 34 YRS.	c. CITY OR TOWN CHARLACK-VILLAGE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DE-PAUL-HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8704-WINDOM-AV.
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last BERNARD-H.-HOFF			4. DATE OF DEATH Month Day Year OCT. 9TH 1961.	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-20-1877	9. AGE (last birthday) 83 YRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED WATCHMAN	10b. KIND OF BUSINESS OR INDUSTRY HUTTIC-SASH&DOOR	11. BIRTHPLACE (City and state or country) LIVELY-GROVE-ILL.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME HENRY-HOFF	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE ELIZABETH-HOFF (DECD.)	
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 HERMAN-J. HOFF = 3524-EMINENCE-AV.	
		Address ST. LOUIS-COUNTY	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Arteriosclerotic Heart Disease	4 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis (Coronary)	6 yrs.
	DUE TO (c) 4200	
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. <input type="checkbox"/> Yes <input 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 June 1st 1961 Oct 9 61	COUNTY St. Louis	STATE MO.
21. I attended the deceased from Death occurred at 6:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		and last saw him alive on Oct 9 61		

22a. SIGNATURE Francis Medler MD		Degree or title	22b. ADDRESS 4119W. Harrison	22c. DATE SIGNED 10/10/61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT 12-1961	23c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY	23d. LOCATION (City, town, or county) ST. LOUIS	(State) MO.

24. FUNERAL DIRECTOR Brockland Und. Co. 1827-HOGAN-ST.	ADDRESS	25. DATE RECD. BY LOCAL REG. OCT 11 1961	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Elmer R. Sadwick

Licensed Embalmer No. 4077

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.