

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-013512

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 760

FILED MAR 19 1962

VS 300
Rev. 4/59

14003

24041

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		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 Kirkwood		Length of stay in 1b 2 weeks	c. CITY OR TOWN Sunset Hills Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 12442 Maret Drive Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) CARL S. HOFFMAN			4. DATE OF DEATH Month March Day 2 Year 1962
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 9-13-1888
9. AGE (last birthday) 73		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. V. Pres. & Legal Coun.		10b. KIND OF BUSINESS OR INDUSTRY MK&T Rail Road	11. BIRTHPLACE (City and state or country) Sedalia, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Charles Hoffman	
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Bertie H. Hoffman	
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 Bertie A. Hoffman-12442 Maret Dr.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lymphocytic Leukemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 checked="" 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 <u>3/21/62</u> to <u>3/2/62</u> and last saw him alive on <u>3/2/62</u> Death occurred at <u>3:01</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul G. Bettomville M.D.		22b. ADDRESS 411 N. Kirkwood Rd.	
22c. DATE SIGNED 3/5/62		22d. CITY, TOWN, OR COUNTY (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-5-1962	
23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park Cem.		23d. LOCATION (City, town, or county) Afton 23, Mo.	
24. FUNERAL DIRECTOR Pfzitinger Mort. Kirkwood 22, Mo.		25. DATE RECD. BY LOCAL REG. 3-5-62	
ADDRESS		26. REGISTRAR'S SIGNATURE John B. Mayfield M.D.	

USE BLACK INK OR TYPEWRITER RIBBON

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 *Ben E. Hoffman*
Licensed Embalmer No. 4366
P. O. Address *Hennepin*

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.