

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021364
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1400

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 24 1962

VS 300
Rev. 4/59

14002

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH
a. COUNTY ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON MO. Length of stay in 1b HRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COUNTY HOSPITAL Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY ST LOUIS
c. CITY OR TOWN LEMAP Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 113 W. ARLEE Reside on Farm Yes No

3. NAME OF DECEASED First KRESZENZ Middle HOFFMAN Last
4. DATE OF DEATH Month May Day 6 Year 1962

5. SEX F.M. 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 10-22-1883 9. AGE (last birthday) 78 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 None 11. BIRTHPLACE (City and state or country) GERMANY 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME UNK GIETZHUER 13b. MOTHER'S MAIDEN NAME UNK 14. NAME OF HUSBAND OR WIFE CONRAD HOFFMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. UNK 17. INFORMANT CONRAD HOFFMAN Address LEMAP MO 113 W. ARLEE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) intracerebral hemorrhage
DUE TO (b) Cerebral arteriosclerosis
DUE TO (c) generalized arteriosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of heart metastatic to lung
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 Month, Day, Year
a.m. p.m.

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 May 5, 1962 to May 6, 1962 and last saw her/him alive on May 6, 1962
Death occurred at 1:05 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Albert H. Howe MD 22b. ADDRESS 601 S. Brentwood Bl. 22c. DATE SIGNED 5/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 5-9-62 23c. NAME OF CEMETERY OR CREMATORY MT. HOPE 23d. LOCATION (City, town, or county) LEMAP, MO (State)

24. FUNERAL DIRECTOR ADDRESS SOUTHERN FUNERAL HOME 6322 S. GRAND BLVD 25. DATE RECD. BY LOCAL REG. 5-7-62 26. REGISTRAR'S SIGNATURE [Signature]

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 Laird VanHasson

Licensed Embalmer No. 4242

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.