

FILED OCT 14 1954

STANDARD CERTIFICATE OF DEATH

State File No. 32497

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>544</u>		Registrar's No. <u>2336</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St Louis</u>		a. STATE <u>Mo</u>		b. COUNTY <u>2099</u>			
b. CITY OR TOWN <u>Kirkwood</u>		c. LENGTH OF STAY (in this place) <u>4 Days</u>		c. CITY OR TOWN <u>St Louis</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>209 Timbercrest Rd.</u>				e. STREET ADDRESS (If rural, give location) <u>5420 Queens Ave</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Margaret</u>		b. (Middle) <u>H</u>		c. (Last) <u>Hoffmann</u>		Date: (Month) <u>10</u> (Day) <u>7</u> (Year) <u>54</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>5-1-1876</u>	
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>William Schuster</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Dalton</u>		14. NAME OF HUSBAND OR WIFE <u>Philip Hoffmann</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Raymond Hoffmann 1320 Kirkwood</u>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>				<u>1 hr</u>	
		ANTECEDENT CAUSES				<u>years</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>arterio sclerosis</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS				<u>3-4 days</u>	
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute respiratory infection</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11/26</u> 19 <u>54</u> to <u>10/2</u> 19 <u>54</u> , that I last saw the deceased alive on <u>9/30</u> 19 <u>54</u> and that death occurred at <u>11:20</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Schuster</u> (Degree or title)				23b. ADDRESS <u>2322 N. Kings Highway</u>		23c. DATE SIGNED <u>10/4/54</u>	
24a. REMOVAL (Specify)		24b. DATE <u>10-6-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-5-54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.D.</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp Jr</u>		ADDRESS <u>Kirkwood Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

52W

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
W. Morris

Licensed Embalmer No. *336*

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.