1366

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34597

1. PLACE OF DEATH
County St Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6033 — Registered No. 307
City (No. 1546, Valle Ave. St. Ward)

2. FULL NAME Maggie Hoefs
(a) Residence. No. 1546 Valle Ave. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF August G. Hoefs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 14-1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
75	8	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Don't know
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Don't know

14. INFORMANT Mr. August G. Hoefs
(Address) 1546 Valle Ave

15. FILED 11/28 1927 Rolla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 26 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1927, to Nov 26, 1927 that I last saw her alive on Nov 26, 1927, and that death occurred, on the date stated above, at 8.50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia (terminal)
100 d (duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY) Senile Dementia;
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) F C Isselbrueger, M.D.
11/28, 1927 (Address) 3736 N 11 St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Memorial Park
DATE OF BURIAL: 11-29 1927

20. UNDERTAKER: Geo. L. Pleitsch
ADDRESS: 5966 Easton Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SAN 6

PERMANENT RECORD

11th No Park Pl.

2 to 4