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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 19354

Township ..... Primary Registration District No. ..... Registered No. 5794

City St. Louis Mo. (No. 5600 Fresnal St. 24 Ward)

2. FULL NAME Ruth HOFFA

(a) Residence. No. 1761 Mississippi St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. 7 mos. 7 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John F. Hoffa?

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 2 - 1876

7. AGE: Years 51 | Months 10 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Conservoo
(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): Indiana

PARENTS

10. NAME OF FATHER: Lucius Bowman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana
12. MAIDEN NAME OF MOTHER: Emily Geiger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois

14. INFORMANT: Mrs. Helen Long Daughter
(Address) 1761 Mississippi

15. FILED MAY 29 1928 19.. Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 28 1928

17. I HEREBY CERTIFY, That I attended deceased from May 17, 1928, to May 28, 1928, that I last saw her alive on May 27, 1928 and that death occurred, on the date stated above, at 2:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Erysipelas of Leg
Non-Traumatic
(duration) 0 yrs. 0 mos. 13 ds.

CONTRIBUTORY (SECONDARY): Nephritis, Chronic
(duration) ? yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1761 Mississippi
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) George H. Garrison, M.D.
5/28, 1928 (Address) ISOLATION HOSPITAL

*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: New St Marcus
DATE OF BURIAL: May 30 1928

20. UNDERTAKER: Wacker-Helderle
ADDRESS: 2331-S Bdwy

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.

...ENTERED WITH UNFADING INK—THIS IS A PERMANENT RECORD